Image# 201507209000279450 PAGE 1 / 104

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X F	or Other Than An	Authorized Comm	ittee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If to		12FE4M5	
National Association of	Mutual Insuranc	e Companies PA	С		
ADDRESS (number and street) Check if different than previously reported. (ACC)	PO Box 68700 Indianapolis			IN 46	5268
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00170258		3. IS THIS REPORT X	NEW (N) OR	AMEND (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electior Year Only) (MY) Termination Report (TER)	2) PRE-Election Report for the second	clection on General (12P) on (12C)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12S)	M9) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
5. Covering Period 06		015 throug	h 06	/ D D / Y	2015
I certify that I have examined thi Type or Print Name of Treasurer	•	_	nd belief it is tru	ue, correct and con	nplete.
Signature of Treasurer Mr. G	iregg A. Dykstra J.D.	[Electronia		Date 07	20 2015
NOTE: Submission of false, errone Office	eous, or incomplete inform	mation may subject the	person signing th		
Use				F	EC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: 06 01 2015 To: 06 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		78506.16
	(b) Cash on Hand at Beginning of Reporting Period	113652.84	
	(c) Total Receipts (from Line 19)	46251.69	275665.25
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	159904.53	354171.41
7.	Total Disbursements (from Line 31)	140811.17	335078.05
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19093.36	19093.36
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Ocadalibrations (athors there have been been been been been been been be	Total Tills Period	Caleridai fear-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	35982.26	183105.26
· · · · · · · · · · · · · · · · · · ·		
(ii) Unitemized	9837.14	74762.81
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	45819.40	257868.07
(1) D III 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	17000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	45819.40	274868.07
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
· -		
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	428.10	767.80
Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		20.00
(Dividends, Interest, etc.)	4.19	29.38
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(IIOIII GOIIGGGIG TIO)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii Fulius (IIOIII Schedule 113)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	46251.69	275665.25
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	46251.69	275665.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

		II. Disbursements COLUMN A Total This Period					
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	·						
	(ii) Non-Federal Share	0.00	0.00				
	(b) Other Federal Operating Expenditures	311.17	1328.05				
	(c) Total Operating Expenditures	7					
	(add 21(a)(i), (a)(ii), and (b))▶	311.17	1328.05				
	Transfers to Affiliated/Other Party		0.00				
	Contributions to	0.00	0.00				
	Federal Candidates/Committees and Other Political Committees	140500.00	329000.00				
	Independent Expenditures	0.00	0.00				
	(use Schedule E)	3.55	0.00				
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
	Loan Repayments Made	0.00	0.00				
	Loans Made	0.00	0.00				
	Refunds of Contributions To: (a) Individuals/Persons Other		4050.00				
	Than Political Committees	0.00	1250.00				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
	(d) Total Contribution Refunds						
	(add Lines 28(a), (b), and (c))▶	0.00	1250.00				
	(200 200) (2), (2), 200 (3),						
	Other Disbursements	0.00	3500.00				
	Federal Election Activity (2 U.S.C. §431(20))						
	(a) Allocated Federal Election Activity						
	(from Schedule H6) (i) Federal Share	0.00	0.00				
	(7						
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
	(c) Total Federal Election Activity (add						
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
	Total Disbursements (add Lines 21(c), 22,						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	140811.17	335078.05				
	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	140811.17	335078.05				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	45819.40	274868.07
4. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45819.40	273618.07
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	311.17	1328.05
7. Offsets to Operating Expenditures (from Line 15, page 3)	428.10	767.80
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-116.93	560.25

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

104

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Ms. Cathy M. Adcock Date of Receipt Mailing Address PO Box 30660 04 2015 City Zip Code State Transaction ID: A60223207EC70457A807 Lansing MI 48909 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Todd E. Albert Date of Receipt Mailing Address PO Box 111 06 03 2015 City State Zip Code Transaction ID: A4EE20206AD6F4864BA0 OH Bucyrus 44820 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Ohio Mutual Insurance Company Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Todd E. Albert Date of Receipt Mailing Address PO Box 111 17 2015 City Zip Code State Transaction ID: A0977D57CB43643179A8 OH **Bucyrus** 44820 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Chief Information Officer Ohio Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

	FO	R LINE	NU	IMBER	:	PAGE	=	7	OF	1	04
Use separate schedule(s)	(ch	eck only	or	ne)							
for each category of the Detailed Summary Page	>	11a		11b		11c		12			
,		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Thomas Alighieri Date of Receipt Mailing Address 222 Ames St 01 2015 City State Zip Code Transaction ID: A4114D4DE830742E1B5C MA 02026 Dedham Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Norfolk & Dedham Mutual Fire Insurance Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas Alighieri Date of Receipt Mailing Address 222 Ames St 06 12 2015 City State Zip Code Transaction ID: A7966746617004025900 Dedham MA 02026 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Norfolk & Dedham Mutual Fire Insurance

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Mr. Thomas Alighieri Mailing Address 222 Ames St		Date of Receipt 06 23 2015
City Dedham	State Zip Code MA 02026	Transaction ID : A04016F65A9654A0D98C Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Norfolk & Dedham Mutual Fire Insurance	Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
NIDTOTAL of Descists This Desce (settings)		60.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

C.

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

104

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Neil Alldredge Date of Receipt Mailing Address PO Box 68700 2015 City Zip Code State Transaction ID: A892E639221134774AED Indianapolis IN 46268 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation National Association of Mutual Insuran Senior Vice President - State and Poli Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Diane Allen Date of Receipt Mailing Address 6101 Anacapri Blvd 06 04 2015 City State Zip Code Transaction ID: A646D500CEED249A98A4 MI Lansing 48917 Amount of Each Receipt this Period FEC ID number of contributing 65.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Vice President-Personnel Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Lisa M Ayotte Date of Receipt Mailing Address PO Box 30660 04 2015 City State Zip Code Transaction ID: AB85ADFBAEDC547F0A58 MI Lansing 48909 Amount of Each Receipt this Period FEC ID number of contributing 42.00 С federal political committee. Name of Employer Occupation Auto-Owners Insurance Company AVP- Real Estate & Operational Service Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) 147.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 9 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Michael D. Baker Date of Receipt Mailing Address PO Box 30660 04 2015 City Zip Code State Transaction ID: ACF6F69AC0B83454EB2C Lansing MI 48909 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris Belcher Date of Receipt Mailing Address PO Box 618 06 18 2015 City State Zip Code Transaction ID: AD1D67647BDDE4006AC4 MO Columbia 65205 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation Columbia Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Walter Bennett Date of Receipt Mailing Address 2300 Garden Rd 30 06 2015 City State Zip Code Transaction ID: A7612A1107BD346D3A90 CA Monterey 93940 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation California Capital Insurance Company Vice President, Underwriting & Actuari Receipt For: Aggregate Year-to-Date ▼ Primary General 452.00 Other (specify) 312.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	MBER	:	PAGE	10 OI	F	104
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
_ come common , age		13		14		15	16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial) Mr. John S. Benson Mailing Address One Mutual Avenue		Date of Receipt
-		06 05 2015
City Frankenmuth	State Zip Code MI 48787	Transaction ID: A04D513DA86174C8AAA
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	117.00
Name of Employer	Occupation	1
Frankenmuth Mutual Insurance Company	Chairman & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1404.00	
Full Name (Last, First, Middle Initial) 3. Mr. John S. Benson		Date of Receipt
Mailing Address One Mutual Avenue		06 19 2015
City	State Zip Code	Transaction ID : A256679EABC254B8395
Frankenmuth	MI 48787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	117.00
Name of Employer	Occupation	-
Frankenmuth Mutual Insurance Company	Chairman & CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1521.00	
Full Name (Last, First, Middle Initial) Mr. Don W. Blackwell		Date of Receipt
Mailing Address 2005 Market St Ste 1200		06 22 2015
City	State Zip Code	Transaction ID : AC40EC30B2A4A43D69
Philadelphia	PA 19103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	_
Indiana Lumbermens Mutual Insurance Co	Secretary & Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		274.00

FOR LINE NUMBER: PAGE 11 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Stephen F. Boyd Date of Receipt Mailing Address 2005 Market St Ste 1200 2015 City State Zip Code Transaction ID: AB5709FEF5961439CB6A PΑ Philadelphia 19103 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Pennsylvania Lumbermens Mutual Insuran Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Clarence Boyle Sr. Date of Receipt Mailing Address 200 N Main St 06 05 2015 City State Zip Code Transaction ID: AC22B178D990D4F0C958 MD Bel Air 21014 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Harford Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. K. Douglas Briggs Date of Receipt Mailing Address 57 Washington St 06 03 2015 City State Zip Code Transaction ID: A4D8358454C044BAE8E6 MA Quincy 02169 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President & CEO Quincy Mutual Fire Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

	FOR LINE NUMBER: PAGE 12 OF											
(c	he	ck only	or	ne)								
	X	11a		11b		11c		12				
		13		14		15		16		1	7	
		(che	(check only	(check only or	(check only one) X 11a 11b	(check only one) X 11a 11b	(check only one) X 11a 11b 11c	(check only one) X 11a 11b 11c	(check only one) X 11a	(check only one) X 11a 11b 11c 12	(check only one) X 11a 11b 11c 12	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Ms. Ginny Caro Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Vice President of Claims Services Aggregate Year-to-Date ▼ 458.26	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Ginny Caro Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Vice President of Claims Services Aggregate Year-to-Date ▼ 499.92	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Randall Carpenter Mailing Address PO Box 1070 City Galax FEC ID number of contributing federal political committee. Name of Employer Grayson Carroll Wythe Mutual Insurance Receipt For: Primary General Other (specify)	State Zip Code VA 24333 C Occupation Executive Vice President Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		333.32
TOTAL This Period (last page this line number	r only)	

	FOR	R LINE	NU	MBER	:	PAGE '		13 OF		104
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Charles M. Chamness Mailing Address PO Box 68700		Date of Receipt
City	State Zip Code	06 12 2015 Transaction ID : AB96AFCC638544CC2AE
Indianapolis FEC ID number of contributing federal political committee.	IN 46268	Amount of Each Receipt this Period 90.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Mr. Steve H. Chevalier Mailing Address PO Box 40		Date of Receipt
City Norwich	State Zip Code CT 06360	06 17 2015 Transaction ID : ACFBEB1BB723F47ADA1 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1300.00
Name of Employer New London County Mutual Insurance Com	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) C. Mr. Mark Coe		Date of Receipt
Mailing Address PO Box 111		06 03 2015
City Bucyrus	State Zip Code OH 44820	Transaction ID : A1D0856EEF1034FA6956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer	Occupation	
Ohio Mutual Insurance Company Receipt For: □ Primary □ General Other (specify) ▼	IT Manager Aggregate Year-to-Date ▼ 507.00	
SUBTOTAL of Receipts This Page (optional)		1429.00
TOTAL This Period (last page this line number		

FOR LINE NUMBER: PAGE 14 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Mark Coe Date of Receipt Mailing Address PO Box 111 2015 City Zip Code State Transaction ID: A40575F87D6E5414187F OH Bucyrus 44820 Amount of Each Receipt this Period FEC ID number of contributing 39.00 federal political committee. Name of Employer Occupation Ohio Mutual Insurance Company IT Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 546.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Dan DeArment PFMM Date of Receipt Mailing Address PO Box 646 06 05 2015 City State Zip Code Transaction ID: A58AEF824974448C2B4C Bedford PA 15522 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Friends Cove Mutual Insurance Company President/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David DeGeorge Date of Receipt Mailing Address 3030 N 3rd St 11 2015 City State Zip Code Transaction ID: AB43855B2C363486F863 ΑZ Phoenix 85012 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation CopperPoint Mutual Insurance Company Application Development Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) 309.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR	FOR LINE NUMBER: PAGE 15 OF									
Use separate schedule(s)	(che	ck only	or	ne)							
for each category of the Detailed Summary Page	×	11a		11b		11c		12			
		13		14		15		16		17	

		<u> </u>
	d Statements may not be sold or used by any persthe name and address of any political committee t	
NAME OF COMMITTEE (In Full) National Association of Mutua		
Full Name (Last, First, Middle Initial) Mr. David DeGeorge Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Application Development Manager Aggregate Year-to-Date ▼ 249.96	Date of Receipt 06 29 2015 Transaction ID: A8B4F5D6ACF9E43959F5 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Mr. Rick DeGraw Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Executive Vice President Aggregate Year-to-Date ▼ 458.26	Date of Receipt M M M / D D / Y Y Y Y Y O6 11 2015 Transaction ID: A8F35EA453F594F4E829 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Mr. Rick DeGraw Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Executive Vice President Aggregate Year-to-Date ▼ 499.92	Date of Receipt 06 29 2015 Transaction ID: A6B05D25A1EF24A64A1D Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional).	<u> </u>	104.15
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 16 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Robert Detlefsen PhD Date of Receipt Mailing Address PO Box 68700 2015 City Zip Code State Transaction ID: AF7E2C16780AE4273A5A Indianapolis IN 46268 Amount of Each Receipt this Period FEC ID number of contributing 43.48 federal political committee. Name of Employer Occupation Vice President - Public Policy National Association of Mutual Insuran Receipt For: Aggregate Year-to-Date ▼ Primary General 521.76 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Martin A. Dietrich Date of Receipt Mailing Address 1 Preferred Way 06 2015 11 City State Zip Code Transaction ID: A7BA6E4174F0A474EB34 New Berlin NY 13411 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Preferred Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Charles W. Drier Date of Receipt Mailing Address PO Box 3337 06 04 2015 City Zip Code State Transaction ID: A4ABFAF3947F34319A07 IL Peoria 61612 Amount of Each Receipt this Period FEC ID number of contributing 75.00 С federal political committee. Name of Employer Occupation Auto-Owners Insurance Company Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 618.48 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page		PAGE	17 OF	104						
	(check only one)		_							
	X 11a 11b	11c	12							
, ,	13 14	15	16	17						
not be cold or used by any payon for the numbers of coliciting contributions										

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Gregg A. Dykstra J.D. Mailing Address 3601 Vincennes Rd City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268 C Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 1153.92	Date of Receipt 06 12 2015 Transaction ID: A18F83713F74144B1AFC Amount of Each Receipt this Period 96.16
Full Name (Last, First, Middle Initial) Mr. Fred A. Edmond CPCU, CIC Mailing Address One Mutual Avenue City	State Zip Code	Date of Receipt 06 05 2015 Transaction ID : A2352645CAEE340948BC
Frankenmuth FEC ID number of contributing federal political committee.	MI 48787	Amount of Each Receipt this Period 77.00
Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation President & COO Aggregate Year-to-Date ▼ 924.00	
Full Name (Last, First, Middle Initial) Mr. Fred A. Edmond CPCU, CIC Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	State Zip Code MI 48787 C Occupation President & COO Aggregate Year-to-Date ▼	Date of Receipt 06 19 2015 Transaction ID: A5BEB068A4FCB46BD88E Amount of Each Receipt this Period 77.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	1001.00	250.16
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 18 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Gregory B. Ellingson Date of Receipt Mailing Address 24 1st Ave E Ste E 01 2015 City Zip Code State Transaction ID: A2AA121F26C0B4443915 MT Kalispell 59901 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Flathead Farm Mutual Insurance Company Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David B. Emerson Date of Receipt Mailing Address 1 Preferred Way 06 2015 11 City State Zip Code Transaction ID: AF1D5452A52A1436FB5E New Berlin NY 13411 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Preferred Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Andrew M. Eriksen Date of Receipt Mailing Address PO Box 30660 04 06 2015 City Zip Code State Transaction ID: A678EA9C772C74EE4942 MI Lansing 48909 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Auto-Owners Insurance Company Assistant Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

	FOF	R LINE	NU	IMBER	:	PAGE	•	19 OF	1	104
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Mark H. Ewert Mailing Address 20935 Swenson Dr Ste 200 City Waukesha FEC ID number of contributing federal political committee. Name of Employer Partners Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 53186 C Occupation Executive Vice President, Treasurer & Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Stephen F. Fabian Mailing Address 200 N Main St City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21014 C Occupation Vice President, Chief Information Offi Aggregate Year-to-Date ▼ 583.31	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Michael L. Faron CPCU Mailing Address 222 Ames St City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026 C Occupation Commercial Lines Division Manager Aggregate Year-to-Date ▼ 460.00	Date of Receipt 06 01 2015 Transaction ID: A750597EA32A24AB2873 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	>	233.33
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 20 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Michael L. Faron CPCU Date of Receipt Mailing Address 222 Ames St 2015 City Zip Code State Transaction ID: ACD83514E1A82443F80F Dedham MA 02026 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Norfolk & Dedham Mutual Fire Insurance Commercial Lines Division Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael L. Faron CPCU Date of Receipt Mailing Address 222 Ames St 06 23 2015 City State Zip Code Transaction ID: A12B44A1AD8674A009AE MA Dedham 02026 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Norfolk & Dedham Mutual Fire Insurance Commercial Lines Division Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Gayle Fisher Date of Receipt Mailing Address PO Box 30660 04 2015 City State Zip Code Transaction ID: AF1E5A1350F9C4415B08 MI Lansing 48909 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation Auto-Owners Insurance Company Assistant Vice President-Life Operatio Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 165.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

	FOF	R LINE	NU	MBER	PAGE	2	21	OF	104	
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

\rangle	NAME OF COMMITTEE (In Full) National Association of Mutual Ir	nsurance Companies PAC	
	Full Name (Last, First, Middle Initial) Mr. Brad Fortner PFMM, FMDC Mailing Address 703 W Poplar St City Rogers FEC ID number of contributing federal political committee. Name of Employer Farmers Protective Mutual Insurance Co Receipt For: Primary General Other (specify)	State Zip Code AR 72756 C Occupation Chief Operations Officer/Secretary Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M / 29 2015 Transaction ID: A2695E63AECB64D069BD Amount of Each Receipt this Period 100.00
	Full Name (Last, First, Middle Initial) Mr. George W. Francis Mailing Address 101 High St City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360 C Occupation Vice President-Marketing & Commercial Aggregate Year-to-Date 235.00	Date of Receipt 06 17 2015 Transaction ID: A066E0681D96B437BBA3 Amount of Each Receipt this Period 235.00
	Full Name (Last, First, Middle Initial) Mr. Daniel Frost Mailing Address 306 N Johnson St City Harvard FEC ID number of contributing federal political committee. Name of Employer Dunham & Chemung Mutual Insurance Comp Receipt For: Primary General Other (specify) Other (specify)	State Zip Code IL 60033 C Occupation CEO/Manager Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 29 2015 Transaction ID: A5467153FBE284193AE4 Amount of Each Receipt this Period 500.00
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	835.00

TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	MBER	PAGE	2	22	OF	1	04	
Use separate schedule(s)	(0	he	ck only	or	ne)							
for each category of the Detailed Summary Page		X	11a		11b		11c		12			
			13		14		15		16			17

	Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Donald Fry Mailing Address 200 N Main St City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21014 C Occupation Director Aggregate Year-to-Date ▼ 400.00	Date of Receipt 06 05 2015 Transaction ID: A24E878ED28E24B3EA67 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Mr. Philip M. Fullenkamp Mailing Address 1 Insurance Sq City Celina FEC ID number of contributing federal political committee. Name of Employer The Celina Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 45822 C Occupation Senior Vice President - CFO and Treasu Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 24 2015 Transaction ID: AFD86BA741DF947D59C8 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Benjamin Galloway Mailing Address PO Box 618 City Columbia FEC ID number of contributing federal political committee. Name of Employer Columbia Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MO 65205 C Occupation Senior Vice President & CRO Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional).	<u> </u>	390.00
TOTAL This Period (last page this line numb	er only)	

	FOF	FOR LINE NUMBER: PAGE 23 OF									
Use separate schedule(s)	(che	ck only	or	ne)							
for each category of the Detailed Summary Page		11a		11b		11c		12			
		13		14		15		16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

1 1 / 1 3	7.1	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Randy Gerdes Mailing Address 3030 N 3rd St City Phoenix	State Zip Code AZ 85012	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Vice President of Strategy Aggregate Year-to-Date ▼ 229.68	20.88
Full Name (Last, First, Middle Initial) Mr. Randy Gerdes Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Vice President of Strategy Aggregate Year-to-Date ▼ 250.56	Date of Receipt M M M / 29 2015 Transaction ID : AA8F217234FB54CF7A92 Amount of Each Receipt this Period 20.88
Full Name (Last, First, Middle Initial) Mr. Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787 C Occupation Senior Vice President Aggregate Year-to-Date 461.64	Date of Receipt M M M / D D / 2015 Transaction ID: A962B93E7984A4E7FAA8 Amount of Each Receipt this Period 38.47
SUBTOTAL of Receipts This Page (optional).		80.23

TOTAL This Period (last page this line number only).....

	FOR LIN	IE NUMBER	: PAGE	E 24 OF	= 104
Use separate schedule(s) for each category of the	(check o	' ′	_		
Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	17

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787 C Occupation Senior Vice President Aggregate Year-to-Date 500.11	Date of Receipt 06 19 2015 Transaction ID: A3CEE6712EE7A48F5ABE Amount of Each Receipt this Period 38.47
Full Name (Last, First, Middle Initial) Ms. Yvette Gonzales Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee.	State Zip Code AZ 85012	Date of Receipt 06 11 2015 Transaction ID : A1A58FA94FD9247089BC Amount of Each Receipt this Period 41.66
Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President & CIO Aggregate Year-to-Date ▼ 458.26	
Full Name (Last, First, Middle Initial) Ms. Yvette Gonzales Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Senior Vice President & CIO Aggregate Year-to-Date ▼ 499.92	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	121.79
TOTAL This Period (last page this line numbe	r only)	

Llee concrete cobodule(s)	_	FOR LINE NUMBER: PAGE 25 OF									
Use separate schedule(s) for each category of the	`	ck only	or	ne)	_			,			
Detailed Summary Page	<u> </u> ×	11a		11b		11c		12			
		13		14		15		16		17	

	Statements may not be sold or used by any personal name and address of any political committee t	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. John Goodin Mailing Address 200 N Main St City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21014 C Occupation Assistant Vice President Underwriting Aggregate Year-to-Date ▼ 291.63	Date of Receipt M
Full Name (Last, First, Middle Initial) Ms. Linda Graham Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360 C Occupation Director Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Jimi Grande Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001 C Occupation Senior Vice President-Federal and Poli Aggregate Year-to-Date ▼ 1363.68	Date of Receipt M = M
SUBTOTAL of Receipts This Page (optional)	•	390.31
TOTAL This Period (last page this line number	er only)	

Llas concrete achadula(a)	_	R LINE	_		:	PAGE	2	26 OF		104
Use separate schedule(s) for each category of the	(che	ck only	or	ne)				,		
Detailed Summary Page	×	11a		11b		11c		12	_	
		13		14		15		16		17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) National Association of Mutua	al Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. E. Bulkeley Griswold Mailing Address PO Box 40 City	State Zip Code	Date of Receipt M
Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Commeceipt For: □ Primary □ General □ Other (specify) ▼	CT 06360 C Occupation	Amount of Each Receipt this Period 390.00
Full Name (Last, First, Middle Initial) Mr. David Grove Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820 C Occupation Assistant Vice President Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 03 2015 Transaction ID: A5AB9B42078AE4CE4820 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Mr. David Grove Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820 C Occupation Assistant Vice President Aggregate Year-to-Date ▼ 280.00	Date of Receipt 06 17 2015 Transaction ID : ACDB3837AE1904F06AE7 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	430.00
TOTAL This Period (last page this line number	ber only)	

	F	FOR LINE NUMBER: PAGE 27 OF									
Use separate schedule(s)	(c	(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Mutual I	nsurance Companies PAC	
Full Name (Last, First, Middle Initial) A. Mr. John Hair		Date of Receipt
Mailing Address 122 C St NW		M M / D D / Y Y Y Y
Ste 540		06 12 2015
City	State Zip Code	Transaction ID : A6754B6B25F2046E68AC
Washington	DC 20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
National Association of Mutual Insuran	Federal Affairs Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) 3. Mr. Ron D. Hallenbeck CPCU		Date of Receipt
Mailing Address PO Box 712		M M / D D / Y Y Y Y
		06 03 2015
City	State Zip Code	Transaction ID : AC6E638138141432B932
Des Moines	IA 50306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Employers Mutual Casualty Company	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. William Hanby		Date of Receipt
Mailing Address PO Box 5626		M M / D D / Y Y Y Y
		06 03 2015
City	State Zip Code	Transaction ID : A18B8262AE0674588BF2
Rockford	IL 61125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Rockford Mutual Insurance Company	Chief Information Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		560.00
TOTAL This Period (last page this line number	only)	

	FOR LI	FOR LINE NUMBER: PAGE 28 OF									
Use separate schedule(s) for each category of the	(check		ne)								
Detailed Summary Page	X 11	a	11b		11c		12		_		
	13		14		15		16		17		

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Rich Hawkins Mailing Address 1460 Wells St City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	WA 98022 C Occupation Vice President, Marketing Aggregate Year-to-Date ▼ 462.00	Amount of Each Receipt this Period 77.00
Full Name (Last, First, Middle Initial) Mr. Eugene T. Heaney Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411 C Occupation Vice President of Claims Aggregate Year-to-Date ▼ 245.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Eugene T. Heaney Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411 C Occupation Vice President of Claims Aggregate Year-to-Date ▼ 295.00	Date of Receipt M M M / 29 2015 Transaction ID: A3F9B3EAA4E7C4E6ABC6 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	172.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	PAGE 29 OF			104	
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	17

	Statements may not be sold or used by any persecutive name and address of any political committee t	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. F. Timothy Hegarty Jr., CPCU Mailing Address 222 Ames St		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify) ▼	State Zip Code MA 02026 C Occupation President & CEO Aggregate Year-to-Date ▼ 540.00	Transaction ID : AF48FC34648CD45F2B77 Amount of Each Receipt this Period 45.00
Full Name (Last, First, Middle Initial) Mr. F. Timothy Hegarty Jr., CPCU Mailing Address 222 Ames St City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026 C Occupation President & CEO Aggregate Year-to-Date ▼ 585.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. F. Timothy Hegarty Jr., CPCI Mailing Address 222 Ames St City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026 C Occupation President & CEO Aggregate Year-to-Date ▼ 630.00	Date of Receipt 06 23 2015 Transaction ID: A5994B4FB95A24BB4BDC Amount of Each Receipt this Period 45.00
SUBTOTAL of Receipts This Page (optional)	>	135.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:	PAGE 30 OF	104						
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X 11a 11b	11c 12							
,g.	13 14	15 16	17						

Any information copied from such Reports an	d Statements may not be sold or used by any pers	son for the purpose of soliciting contributions
	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutua	al Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. David G. Hendrix CPA Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820 C Occupation CFO & Treasurer Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 29 2015 Transaction ID: A722AA260EFD34E0EA3B Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Mike Horvath CPCU Mailing Address PO Box 111 City Buryrus	State Zip Code OH 44820	Date of Receipt M
Bucyrus FEC ID number of contributing federal political committee. Name of Employer	C 44820 Occupation	Amount of Each Receipt this Period 20.00
Ohio Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Vice President-Human Resources Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Mr. Mike Horvath CPCU Mailing Address PO Box 111	1	Date of Receipt 06 17 2015
City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820 C Occupation Vice President-Human Resources Aggregate Year-to-Date ▼ 240.00	Transaction ID : A45C22292C2E646ECB10 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	····	540.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 31 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Timothy R. Hyle CPA Date of Receipt Mailing Address 1 Preferred Way 2015 0.3 City Zip Code State Transaction ID: A6813CAAED1CF4F8FBF5 NY New Berlin 13411 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Preferred Mutual Insurance Company Vice President, Finance & Risk Managem Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Timothy R. Hyle CPA Date of Receipt Mailing Address 1 Preferred Way 06 29 2015 City State Zip Code Transaction ID: A608E5535E8B846479DD NY New Berlin 13411 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Preferred Mutual Insurance Company Vice President, Finance & Risk Managem Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Janice Ingarra Date of Receipt Mailing Address PO Box 40 17 2015 City Zip Code State Transaction ID: A8A2199B294CD4D4F8AC CT Norwich 06360 Amount of Each Receipt this Period FEC ID number of contributing 235.00 С federal political committee. Name of Employer Occupation New London County Mutual Insurance Com Vice President Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 335.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	F	FOR LINE NUMBER: PAGE 32 OF									104
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
,			13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
National Association of Mutua	I Insurance Companies PAC	
	-	
Full Name (Last, First, Middle Initial) A. Ms. Judy S. Jackson		Date of Receipt
Mailing Address PO Box 40		M M / D D / Y Y Y Y Y Y
City	State Zip Code	06 17 2015 Transaction ID : A8DEE9EDF813F47E9B76
Norwich	CT 06360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	390.00
Name of Employer	Occupation	-
New London County Mutual Insurance Com	Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) 3. Ms. Theresa Jakubick		Date of Receipt
Mailing Address PO Box 111		M M / D D / Y Y Y Y
		06 03 2015
City	State Zip Code	Transaction ID : A6E1E43C42D7F4698B5E
Bucyrus	OH 44820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Ohio Mutual Insurance Company	Project Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) C. Ms. Theresa Jakubick		Date of Receipt
Mailing Address PO Box 111		M M / D D / Y Y Y Y Y
		06 17 2015
City	State Zip Code	Transaction ID: A65B7F25A9F7C417E851
Bucyrus	OH 44820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Ohio Mutual Insurance Company	Project Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional)	>	430.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 33 OF 104 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) National Association of Mutual In	surance Companies PAC	
Full Name (Last, First, Middle Initial) Dina L. Johnson Mailing Address PO Box 5626 City Rockford FEC ID number of contributing federal political committee. Name of Employer Rockford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code IL 61125 C Occupation Assistant Treasurer Aggregate Year-to-Date ▼	Date of Receipt 06 29 2015 Transaction ID: A2B086E8A836F42CC8BF Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Mark Johnston Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268 C Occupation Director - State Affairs, Midwest Regi Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 03 2015 Transaction ID: ADBF61DE4F183497586A Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Rick Jones Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Executive Vice President, COO & Presid Aggregate Year-to-Date ▼ 458.37	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		541.67

	F	FOR LINE NUMBER: PAGE 34 OF									104
Use separate schedule(s)	(c	(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

	Statements may not be sold or used by any pershe name and address of any political committee t	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Rick Jones Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Executive Vice President, COO & Presid Aggregate Year-to-Date ▼ 500.04	Date of Receipt 06 29 2015 Transaction ID: AE08D697CD5C64C35A7A Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Mr. Jon Jorgensen Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909 C Occupation Assistant Vice President Underwriting Aggregate Year-to-Date ▼ 210.00	Date of Receipt 06 04 2015 Transaction ID: A94FC6EC5915E445AAFA Amount of Each Receipt this Period 35.00
Full Name (Last, First, Middle Initial) Mr. Thomas Karol Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001 C Occupation Federal Affairs Counsel Aggregate Year-to-Date ▼	Date of Receipt 06 12 2015 Transaction ID: A97045E78075C45C4AB4 Amount of Each Receipt this Period 45.46
SUBTOTAL of Receipts This Page (optional)	•	122.13
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER:	PAGE 35 OF	104						
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X 11a 11b	11c 12							
	13 14	15 16	17						

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Frank P. Kellner III Mailing Address 200 N Main St City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MD 21014 C Occupation Vice President, Claims Aggregate Year-to-Date ▼	Date of Receipt 06 23 2015 Transaction ID: A574D43FF6517487CB99 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Ms. Jami Kelly Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787 C Occupation Vice President Aggregate Year-to-Date ▼ 468.00	Date of Receipt 06 05 2015 Transaction ID: A3B049C3335E64467A83 Amount of Each Receipt this Period 39.00
Full Name (Last, First, Middle Initial) Ms. Jami Kelly Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M M / 19 2015 Transaction ID: A0E2B780869A64A259DB Amount of Each Receipt this Period 39.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	119.67
TOTAL This Period (last page this line number	only)	

	FO	R LINE	NU	IMBER	:	PAGE	: (36 OF	=	104
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Ms. Sherry Kidwell Date of Receipt Mailing Address PO Box 111 03 2015 City State Zip Code Transaction ID: A962D8DB88E3D4273BFC OH Bucyrus 44820 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation United Ohio Insurance Company Manager of Application Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Sherry Kidwell Date of Receipt Mailing Address PO Box 111 06 17 2015 City State Zip Code Transaction ID: A3A04F05318FD4287864 OH 44820 Bucyrus Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee.

United Ohio Insurance Company Receipt For: Primary General Other (specify) ▼	Manager of Application Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Init Mr. Drew A. Klasing Mailing Address PO Box 30660	ial)	Date of Receipt 06 04 _ 2015 _
City Lansing	State Zip Code MI 48909	Transaction ID : AEEDED7E773364E21857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Auto-Owners Insurance Company	Manager, Home Office Claims	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		85.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 37 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Kraig T. Klopfenstein Date of Receipt Mailing Address PO Box 30660 04 2015 City Zip Code State Transaction ID: AC4B86EDCCFFE42D4AAI Lansing MI 48909 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Sales/Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Andrew Knudsen Date of Receipt Mailing Address One Mutual Avenue 06 05 2015 City State Zip Code Transaction ID: AD54EA60ACF5E49B79EA Frankenmuth MI 48787 Amount of Each Receipt this Period FEC ID number of contributing 38.00 federal political committee. Name of Employer Occupation Frankenmuth Mutual Insurance Company Vice President, Claims Receipt For: Aggregate Year-to-Date ▼ Primary General 456.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Andrew Knudsen Date of Receipt Mailing Address One Mutual Avenue 06 19 2015 City State Zip Code Transaction ID: A9F60D7DF4BDF48A6888 MI Frankenmuth 48787 Amount of Each Receipt this Period FEC ID number of contributing 38.00 С federal political committee. Name of Employer Occupation Frankenmuth Mutual Insurance Company Vice President, Claims Receipt For: Aggregate Year-to-Date ▼ Primary General 494.00 Other (specify) 151.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

	FO	R LINE	NU	IMBER	:	PAGE	: :	38 O	F	104
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
,g.		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

	Date of Receipt
	There of the cerbi
	06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State Zip Code CT 06360	Transaction ID : A4A8A4CE3F5124CDD97 Amount of Each Receipt this Period
C	235.00
Occupation	†
Vice President & CFO	
Aggregate Year-to-Date ▼ 235.00	
	Date of Receipt
	06 17 2015
	Transaction ID : A672C5747097F4AB792F
CT 06360	Amount of Each Receipt this Period
C	235.00
Occupation	-
Aggregate Year-to-Date ▼ 235.00	_
	Date of Receipt
	06 16 2015
State Zip Code KS 67526	Transaction ID : A69F94847A2CA4085B7 Amount of Each Receipt this Period
С	40.00
Occupation CEO	-
Aggregate Year-to-Date ▼ 235.00	
<u> </u>	510.00
	CC Occupation Vice President & CFO Aggregate Year-to-Date ▼ State Zip Code CT 06360 C Occupation Controller Aggregate Year-to-Date ▼ 235.00 State Zip Code KS 67526 C Occupation Code KS 67526 C Occupation CEO Aggregate Year-to-Date ▼

FOR LINE NUMBER: PAGE 39 OF 104 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. J. William Lee Date of Receipt Mailing Address 2005 Market St Ste 1200 2015 City State Zip Code Transaction ID: A046941D3B69646DD843 PΑ Philadelphia 19103 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Pennsylvania Lumbermens Mutual Insuran Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Theresa Lewis Date of Receipt Mailing Address PO Box 6927 06 01 2015 City State Zip Code Transaction ID: AC8D8656B8FC84B13A2C VA Richmond 23230 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation Mutual Assurance Society of Virginia Secretary-Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Joe R. Liddle Date of Receipt Mailing Address PO Box 1070 01 2015 City Zip Code State Transaction ID: AAB495BD6F7A04AB595B Galax VA 24333 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation CEO Grayson Carroll Wythe Mutual Insurance Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1291.66 SUBTOTAL of Receipts This Page (optional).....

- 9

9

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 40 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Steven D. Linkous Date of Receipt Mailing Address 200 N Main St 2015 City Zip Code State Transaction ID: ABBA79F973A3F4A399C6 MD Bel Air 21014 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation President & CEO Harford Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.43 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Brian D. Lopata Date of Receipt Mailing Address 1 Preferred Way 06 03 2015 City State Zip Code Transaction ID: A805833A423C14BDF8B8 New Berlin NY 13411 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation Preferred Mutual Insurance Company SVP, Profit Center Operations & Custom Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Brian D. Lopata Date of Receipt Mailing Address 1 Preferred Way 06 29 2015 City Zip Code State Transaction ID: A4FE6027F5F704044873 NY New Berlin 13411 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation SVP, Profit Center Operations & Custom Preferred Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 368.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	MBER	:	PAGE	- 4	41 OF	:	104
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
camer cammen, reage		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persibe name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Jeffrey Lopata Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411 C Occupation Manager - Commercial Lines E-Business Aggregate Year-to-Date ▼ 461.64	Date of Receipt 06 03 2015 Transaction ID: A7A595CFB21824DA3A91 Amount of Each Receipt this Period 76.94
Full Name (Last, First, Middle Initial) Mr. Jeffrey Lopata Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411 C Occupation Manager - Commercial Lines E-Business Aggregate Year-to-Date ▼ 538.58	Date of Receipt M M M / D D / 2015 Transaction ID: AB84CA93F286B486AA30 Amount of Each Receipt this Period 76.94
Full Name (Last, First, Middle Initial) Mr. Tim Lynch Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909 C Occupation Assistant Vice President Aggregate Year-to-Date ▼ 250.02	Date of Receipt 06 04 2015 Transaction ID: A0018635174334ABCB7E Amount of Each Receipt this Period 41.67
SUBTOTAL of Receipts This Page (optional).	•	195.55
TOTAL This Period (last page this line number	er only)	

Harana and a sala dada(a)	FC	FOR LINE NUMBER: PAGE 42 O								10	4
Use separate schedule(s)	(ch	(check only one)									
for each category of the Detailed Summary Page		K 11a		11b		11c		12			
		13		14		15		16		1	7
not be sold or used by any person for the purpose of soliciting contributions											

		Statements may not be sold or used by any per- e name and address of any political committee t	
NAME OF COMMIT National Asso	, ,	Insurance Companies PAC	
Full Name (Last, Find Mr. John F. Ma Mailing Address 20	razzo		Date of Receipt
•	e 1200		06 22 2015
City	5 1200	State Zip Code	Transaction ID : A50E786F3D5B142888E
Philadelphia		PA 19103	Amount of Each Receipt this Period
FEC ID number of federal political com	•	C	40.00
Name of Employer		Occupation	-
Pennsylvania Lumb	ermens Mutual Insuran	Vice President and Treasurer	
Receipt For: Primary	General	Aggregate Year-to-Date ▼	
Other (specify	√) ▼	220.00	
Full Name (Last, Fi			Date of Receipt
Mailing Address PC	D Box 30660		06 04 2015
City		State Zip Code	Transaction ID : A92209D73C782431DA2
Lansing		MI 48909	Amount of Each Receipt this Period
FEC ID number of federal political com	•	C	100.00
Name of Employer Auto-Owners Insura	nce Company	Occupation Manager	-
Receipt For: Primary Other (specify	General /) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, Fi			Date of Receipt
Mailing Address 19			06 22 2015
City	-	State Zip Code	Transaction ID : A5ECAB939BA0A4B1F9
Anchorage		AK 99508	Amount of Each Receipt this Period
FEC ID number of federal political com	•	C	60.00
Name of Employer		Occupation	-
Umialik Insurance C	Company	Director of Underwriting	
Receipt For:		Aggregate Year-to-Date ▼	
Other (specify	General /) ▼	300.00	
			<u> </u>

FOR LINE NUMBER: PAGE 43 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Phil McCain Date of Receipt Mailing Address One Mutual Avenue 05 2015 City State Zip Code Transaction ID : A7C3F180A18244551B12 Frankenmuth MI 48787 Amount of Each Receipt this Period FEC ID number of contributing 38.47 federal political committee. Name of Employer Occupation Vice President, IT Frankenmuth Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 461.64 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Phil McCain Date of Receipt Mailing Address One Mutual Avenue 06 19 2015 City State Zip Code Transaction ID: A1D31F3A82BDE4B73BA1 Frankenmuth MI 48787 Amount of Each Receipt this Period FEC ID number of contributing 38.47 federal political committee. Name of Employer Occupation Frankenmuth Mutual Insurance Company Vice President, IT Receipt For: Aggregate Year-to-Date ▼ Primary General 500.11 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Robert McDorman Date of Receipt Mailing Address 200 N Main St 05 2015 City Zip Code State Transaction ID: AA2DF520683BE4870A70 MD Bel Air 21014 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Harford Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 176.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

11	_	FOR LINE NUMBER: PAGE 44 OF								104
Use separate schedule(s) for each category of the	(che	ck only	or	ie)		1		,		
Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	
National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Ms. Sherry L. McKenzie AAM, AIS Mailing Address PO Box 30660		Date of Receipt
		06 04 2015
City	State Zip Code MI 48909	Transaction ID : A1CA26212EA5F4F6EA7A
Lansing	40908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	1
Auto-Owners Insurance Company	Assistant Manager]
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) 3. Mr. Brian S. McLeod		Date of Receipt
Mailing Address One Mutual Avenue		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	06 05 2015
Frankenmuth	MI 48787	Transaction ID : AE3C1D20A9D8C49D7B85 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.50
Name of Employer	Occupation	1
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	
Full Name (Last, First, Middle Initial) C. Mr. Brian S. McLeod		Date of Receipt
Mailing Address One Mutual Avenue		06 19 2015
City	State Zip Code	Transaction ID : A740FB4DDC4E44B00A0A
Frankenmuth	MI 48787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.50
Name of Employer	Occupation	1
Frankenmuth Mutual Insurance Company	Vice President, Secretary & Treasurer]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.50	
SUBTOTAL of Receipts This Page (optional)		152.00
	<u> </u>	
TOTAL This Period (last page this line number	r only)	7 7 7

	FOF	PAGE	4	45 OF	•	104				
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, cogo		13		14		15		16		17

١.	Full Name (Last, First, Middle Initial) Mr. Mark McWethy CPA, CPCU Mailing Address DO Box 5636		Date of Receipt
	Mailing Address PO Box 5626		06 29 _ 2015 _
	City	State Zip Code	Transaction ID : AC3BF2732A89D4D07
	Rockford	IL 61125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	-
	Rockford Mutual Insurance Company	Controller/CFO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Mr. Albert Mezzanotte Jr.		Date of Receipt
	Mailing Address 200 N Main St		06 05 _2015 _
	City	State Zip Code	Transaction ID : ACAA510CD28734935
	Bel Air	MD 21014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harford Mutual Insurance Company	Occupation Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Mr. Scott A. Michael		Date of Receipt
, .	Mailing Address PO Box 30660		06 04 2015
	City	State Zip Code	Transaction ID : A200ACCFAADE34BB
	Lansing	MI 48909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer	Occupation	_
	Auto-Owners Insurance Company	AVP - Personal Lines Auto	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	

	FOF	R LINE	NU	MBER	:	PAGE	4	46 OF	:	104
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) A. Mr. David Middleton Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing	State Zip Code IN 46268	Date of Receipt 06 12 2015 Transaction ID : AEFCB3C1BA937496AA01 Amount of Each Receipt this Period 40.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Vice President - Finance Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Mr. John C. Mitchell Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing	State Zip Code NY 13411	Date of Receipt M
Receipt For: Primary Other (specify) Rederal political committee. Receipt For: General Other (specify) The state of the state	Occupation Director Aggregate Year-to-Date ▼ 500.00	300.00
Full Name (Last, First, Middle Initial) Ms. Dona L. Mohr Mailing Address 1725 Hopley Ave City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820 C Occupation Assistant Vice President-Quality Servi Aggregate Year-to-Date ▼ 585.00	Date of Receipt 06 03 2015 Transaction ID: AA6E897CE1E5C4600A3E Amount of Each Receipt this Period 45.00
SUBTOTAL of Receipts This Page (optional).	>	585.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 47 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Ms. Dona L. Mohr Date of Receipt Mailing Address 1725 Hopley Ave 2015 City Zip Code State Transaction ID: A2769A66F630D43BCB05 OH Bucyrus 44820 Amount of Each Receipt this Period FEC ID number of contributing 45.00 federal political committee. Name of Employer Occupation Ohio Mutual Insurance Company Assistant Vice President-Quality Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. William W. Montgomery Date of Receipt Mailing Address 1 Insurance Sq 06 24 2015 City State Zip Code Transaction ID: A66990A91C10745058DA OH Celina 45822 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation The Celina Mutual Insurance Company Chairman, President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Carolyn B. Muller Date of Receipt Mailing Address PO Box 30660 04 2015 City Zip Code State Transaction ID: A43E6FA576DD14BA5B11 MI Lansing 48909 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation Senior Vice President - Claims Auto-Owners Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 380.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

	FOI	R LINE	NU	MBER	:	PAGE	-	48 OF	104
Use separate schedule(s)	(che	eck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
_ common common, cogo		13		14		15		16	17

	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Joel P. Murray Mailing Address 222 Ames St City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026 C Occupation Vice President, Personal Lines & Marke Aggregate Year-to-Date ▼ 230.00	Date of Receipt 06 01 2015 Transaction ID: ADE35B131D22443F3938 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Mr. Joel P. Murray Mailing Address 222 Ames St City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026 C Occupation Vice President, Personal Lines & Marke Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 12 2015 Transaction ID : AC792AC261D624D33BEC Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Mr. Joel P. Murray Mailing Address 222 Ames St City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026 C Occupation Vice President, Personal Lines & Marke Aggregate Year-to-Date ▼ 270.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	60.00
TOTAL This Period (last page this line number	r only)	

Harana and a sala adada (a)										104
Use separate schedule(s) for each category of the	`	ck only	or	ne)		i		i		
Detailed Summary Page	<u> </u> ×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Brent Nelson Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Chief Financial Officer & Executive Vi Aggregate Year-to-Date ▼ 229.24	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Brent Nelson Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Chief Financial Officer & Executive Vi Aggregate Year-to-Date ▼ 250.08	Date of Receipt 06 29 2015 Transaction ID: ADA4E15AA33FE4203886 Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) Mr. Dennis Nelson Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M M / D J / 2015 Transaction ID : AF4CFE98C250845F382E Amount of Each Receipt this Period 235.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	276.68
TOTAL This Period (last page this line number	only)	

	FO	R LINE	NU	IMBER	:	PAGE	:	50 OF		104	
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page		11a		11b		11c		12			
		13		14		15		16		17	

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Eric Nelson Mailing Address 1460 Wells St City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022 C Occupation President & CEO Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Duc Ngo Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code CT 06360 C Occupation Assistant Vice President of IT Aggregate Year-to-Date ▼ 275.00	Date of Receipt M 06 17 2015 Transaction ID : AD88950B22E4549B48F4 Amount of Each Receipt this Period 275.00
City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary Other (specify)	State Zip Code MD 21014 C Occupation Executive Vice President Aggregate Year-to-Date ▼ 583.33	Date of Receipt 06 23 2015 Transaction ID: AE89B50E326664FDC967 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	<u> </u>	608.33
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	:	PAGE	:	51 OF	104
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
	i 🗆	13		14		15		16	17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Paul Otto Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909 C Occupation Vice President, Financial Accounting Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Francis Pandolfi Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360 C Occupation Director Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Sandra G. Parrillo CPCU Mailing Address PO Box 6066 City Providence FEC ID number of contributing federal political committee. Name of Employer Providence Mutual Fire Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code RI 02940 C Occupation President & CEO Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	540.00
TOTAL This Period (last page this line number	only)	

	FOI	R LINE	NU	MBER	:	PAGE	52 OF	•	104
Use separate schedule(s) for each category of the	(che	eck only	or	ne)					
Detailed Summary Page	×	11a		11b		11c	12		
		13		14		15	16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. James Parylak Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360 C Occupation Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Judith Patrick Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Chairman Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / 29 2015 Transaction ID : AE26F36769B3442F7AD2 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Ms. Mary S. Pierce Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909 C Occupation Vice President Aggregate Year-to-Date ▼ 349.98	Date of Receipt M M M / D J 2015 Transaction ID: A410BE082B33D4E558D8 Amount of Each Receipt this Period 58.33
SUBTOTAL of Receipts This Page (optional).	•	658.33
TOTAL This Period (last page this line number	er only)	

	FOF	LINE	NU	MBER	:	PAGE	:	53 OF	=	104
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
zotanou oummury r ugo		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	Statements may not be sold or used by any persthe name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Mike Pike Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909 C Occupation Human Resources Professional Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Scott Preising Mailing Address 3873 Cleveland Rd City Wooster FEC ID number of contributing federal political committee. Name of Employer Wayne Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44691 C Occupation Director Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Michael Puerner Mailing Address 404 E Woodlawn Ave City Hastings FEC ID number of contributing federal political committee. Name of Employer Hastings Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 49058 C Occupation Vice President-General Counsel Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	•	785.00
TOTAL This Period (last page this line numb	er only)	

	FOF	R LINE	NU	MBER	:	PAGE	: :	54 OF	104
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
,		13		14		15		16	17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Robert T. Ramsdell CPCU Mailing Address PO Box 40		Date of Receipt
City	State Zin Code	06 17 2015
City Norwich	State Zip Code CT 06360	Transaction ID : A2289E54D77994C6B966
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 390.00
Name of Employer	Occupation	
New London County Mutual Insurance Com	Chairman	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Mr. Jeff Reeves Mailing Address Ro. R. 1988		Date of Receipt
Mailing Address PO Box 1070	1	06 01 2015 _
City	State Zip Code	Transaction ID : A6930946584184B94871
Galax	VA 24333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Grayson Carroll Wythe Mutual Insurance	CFO & Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Mr. Rip Reeves		Date of Receipt
Mailing Address 1 Meadowlands Plz		06 08 2015
City East Rutherford	State Zip Code NJ 07073-2150	Transaction ID : AF202AFC943BA493DB07
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	1
AEGIS Insurance Services	CIO/Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	890.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	55 OF	104
Use separate schedule(s)	(che	ck only	or	ne)				
for each category of the Detailed Summary Page		11a		11b		11c	12	
		13		14		15	16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Ms. Janey Repensek Mailing Address 1460 Wells St City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022 C Occupation Trustee Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Jonathan R. Riekse Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code MI 48909 C Occupation Senior Vice President, Personal Lines Aggregate Year-to-Date ▼ 499.98	Date of Receipt 06 04 2015 Transaction ID: A14374805218E4FE8A8E Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Mr. Jeff Rink Mailing Address 200 N Main St City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21014 C Occupation Vice President of Marketing and Busine Aggregate Year-to-Date ▼ 291.63	Date of Receipt 06 23 2015 Transaction ID: A737A92BC6D334F389BB Amount of Each Receipt this Period 41.67
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line number	er only)	

	F	OR	LINE	NU	MBER	:	PAGE	. 5	56	OF	1	104
Use separate schedule(s)	(c	he	ck only	or	ne)							
for each category of the Detailed Summary Page		X	11a		11b		11c		12			
			13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Ms. Robin Robertson Date of Receipt Mailing Address PO Box 5555 2015 City State Zip Code Transaction ID: A8EF2176C69594224897 ID 83680 Meridian Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Vice President, Operations United Heritage Property & Casualty Co Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Spencer M. Roman ACAS, MAAA Date of Receipt Mailing Address 355 Maple Ave 06 05 2015 City State Zip Code Transaction ID: A3A3CF91AE73E4A13BB3 Harleysville PA 19438 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Harleysville Mutual Insurance Company Executive Vice President, Field Opera Receipt For:

	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
-	Full Name (Last, First, Middle Initial) Mr. Thomas R. Ruane Mailing Address PO Box 4620		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : A0DB977E6D4104A47AA0
	Ithaca	NY 14852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer	Occupation	
	Security Mutual Insurance Company	President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
		·	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

FOR LINE NUMBER: PAGE 57 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Kenneth Schroeder Date of Receipt Mailing Address PO Box 30660 04 2015 City Zip Code State Transaction ID: AE0991075E5EF4933BA4 Lansing MI 48909 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Senior Vice President, Commercial Unde Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James C. Schumacher Date of Receipt Mailing Address PO Box 30660 06 04 2015 City State Zip Code Transaction ID: AEB431B97C0874E6F8C8 MI Lansing 48909 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Director - Agency Systems Receipt For: Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen Scott Date of Receipt Mailing Address 200 N Main St 06 05 2015 City Zip Code State Transaction ID: AF9E28DF1A27A44C5B35 MD Bel Air 21014 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Harford Mutual Insurance Company Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 192.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

	FOF	LINE	NU	MBER	:	PAGE	58 OF	:	104
Use separate schedule(s) for each category of the	(che	ck only	or	ne)					
Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Kurt H. Seelbach CPA, CPCU Mailing Address 550 Eisenhower Rd City Leavenworth FEC ID number of contributing federal political committee. Name of Employer Armed Forces Insurance Exchange Receipt For: Primary General Other (specify)	State Zip Code KS 66048 C Occupation President & CEO Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Paul Sells Mailing Address 2005 Market St Ste 1200 City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code PA 19103 C Occupation Compensation Supervisor Aggregate Year-to-Date ▼ 298.00	Date of Receipt M M M / 22 2015 Transaction ID : A7076A472D2A8494BB87 Amount of Each Receipt this Period 190.00
Full Name (Last, First, Middle Initial) Ms. Phyllis Senseman LUTCF Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Vice President Marketing and Communica Aggregate Year-to-Date ▼ 229.24	Date of Receipt M 06 11 2015 Transaction ID: A210C6EA32F94498D8D7 Amount of Each Receipt this Period 20.84
SUBTOTAL of Receipts This Page (optional)	<u> </u>	460.84
TOTAL This Period (last page this line number	only)	

	FO	R LINE	NU	MBER	:	PAGE	. (59 OF	•	104
Use separate schedule(s) for each category of the	(ch	eck only	or	ne)						
Detailed Summary Page	>	1 1a		11b		11c		12		
, ,		13		14		15		16		17

	Statements may not be sold or used by any persole name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) A. Ms. Phyllis Senseman LUTCF		Date of Receipt
Mailing Address 3030 N 3rd St		06 29 2015
City	State Zip Code	Transaction ID : AC6E9F96B263A49E9A44
Phoenix	AZ 85012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	†
CopperPoint Mutual Insurance Company	Vice President Marketing and Communica	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.08	
Full Name (Last, First, Middle Initial) 3. Mr. Kent B. Shantz		Date of Receipt
Mailing Address PO Box 5626		06 03 2015
City	State Zip Code	Transaction ID : A089840A2E95340C7B5B
Rockford	IL 61125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.00
Name of Employer	Occupation	1
Rockford Mutual Insurance Company	coo	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.50	
Other (specify) ▼	300.30	
Full Name (Last, First, Middle Initial) Mr. Martin Shapiro		Date of Receipt
Mailing Address PO Box 40		06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Norwich	State Zip Code CT 06360	Transaction ID: A2398860149F04983B5D Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	1
New London County Mutual Insurance Com	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		497.84
	<u></u>	

TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	:	PAGE	- 6	60 OF	104
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
		13		14		15		16	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
National Association of Mutua	Il Insurance Companies PAC	
Full Name (Last, First, Middle Initial) A. Mr. Mike Sherman		Date of Receipt
Mailing Address 1460 Wells St		M = M / D = D / Y = Y = Y
City	State Zip Code	06 01 2015 Transaction ID : AEAD83B7A6C624CCC9Da
Enumclaw	WA 98022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Mutual of Enumclaw Insurance Company	Trustee	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Mr. Robert Shoenfelt		Date of Receipt
Mailing Address 1 Insurance Sq		06 24 2015
City	State Zip Code	Transaction ID : AB8AC106751BA4EB4952
Celina	OH 45822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
The Celina Mutual Insurance Company	Senior Vice President, CIO & Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Steven C. Sliver CPA		Date of Receipt
Mailing Address PO Box 577		06 16 2015
City	State Zip Code	Transaction ID : A227D1A2C48A64618967
Huntingdon	PA 16652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	625.00
Name of Employer	Occupation	
Mutual Benefit Insurance Company	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional).		1875.00
TOTAL This Period (last page this line numb	er only)	

	FOF	R LINE	NU	IMBER	:	PAGE	. 6	31 C)F	104
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15	\neg	16		717

	Statements may not be sold or used by any pers he name and address of any political committee t	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Donald A. Smith Jr. Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation President & CEO Aggregate Year-to-Date ▼ 1155.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Donald A. Smith Jr. Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation President & CEO Aggregate Year-to-Date ▼ 1260.00	Date of Receipt 06 29 2015 Transaction ID: A33CD81DFE74340EB8A9 Amount of Each Receipt this Period 105.00
Full Name (Last, First, Middle Initial) Ms. Abigail Smith Mailing Address 200 N Main St City Bel Air FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MD 21014 C Occupation Director Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	•	310.00
TOTAL This Period (last page this line number	er only)	

	FOF	R LINE	NU	MBER	:	PAGE	- (62 OF	104
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
		13		14		15		16	17

		13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persue name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) A. Ms. Irica Solomon		Date of Receipt
Mailing Address 122 C St NW Ste 540		06 12 2015
City Washington	State Zip Code DC 20001	Transaction ID: A367AE50D57A74D49B79 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.46
Name of Employer National Association of Mutual Insuran Receipt For:	Occupation Vice President of Federal and Politica Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.52	
Full Name (Last, First, Middle Initial) Mr. Steven C. Speicher Mailing Address PO Box 30660		Date of Receipt
City Lansing	State Zip Code MI 48909	06 04 2015 Transaction ID: A66A455A69F95491A967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Auto-Owners Insurance Company	Occupation Regional Vice President - Forest Regio	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ms. Kristen Spriggs		Date of Receipt
Mailing Address PO Box 68700		06 12 2015
City Indianapolis	State Zip Code IN 46268	Transaction ID : A79F42BEFD3434EB5934 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran	Occupation Vice President - Member Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		115.46
TOTAL This Period (last page this line number	r only)	

	FOR	LINE	NU	MBER	:	PAGE 63 OF 1					
Use separate schedule(s)	(che	ck only	or	ne)							
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
_ common common, cogo		13		14		15		16		17	

	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. William R. Stapleton Mailing Address 1 Insurance Sq City Celina FEC ID number of contributing federal political committee. Name of Employer The Celina Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 45822 C Occupation Senior Vice President - COO Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 24 2015 Transaction ID : AB8232F8BDD2F4C34AAE Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Daniel Stedman Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411 C Occupation Vice President, Commercial Lines Profi Aggregate Year-to-Date ▼ 727.50	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Daniel Stedman Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411 C Occupation Vice President, Commercial Lines Profi Aggregate Year-to-Date ▼ 746.75	Date of Receipt 06 03 2015 Transaction ID: A0281099B5EF84C96BDB Amount of Each Receipt this Period 19.25
SUBTOTAL of Receipts This Page (optional).	<u> </u>	804.25
TOTAL This Period (last page this line number	er only)	

	FOF	R LINE	NU	MBER	:	PAGE	- (64 OF	:	104
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
	iΓ	13		14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Douglas E. Steele CIC, PFMM Mailing Address 1115 Weed Ln City Vincennes FEC ID number of contributing federal political committee. Name of Employer Farmers Home Insurance Company of Knox Receipt For: Primary General Other (specify)	State Zip Code IN 47591 C Occupation General Manager Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Robert H. Steele Mailing Address PO Box 40 City Norwich FEC ID number of contributing federal political committee. Name of Employer New London County Mutual Insurance Com Receipt For: Primary General Other (specify)	State Zip Code CT 06360 C Occupation Director Aggregate Year-to-Date ▼ 390.00	Date of Receipt M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Paul O. Stillman Mailing Address 1 Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411 C Occupation Vice Chairman of the Board Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / 30 2015 Transaction ID : AAFBBAB95BC374406914 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	>	1390.00
TOTAL This Period (last page this line numbe	r only)	

	FOR	R LINE	NU	MBER	:	PAGE	. (65 OF	104
Use separate schedule(s) for each category of the	(che	ck only	or or	ne)					
Detailed Summary Page	×	11a		11b		11c		12	
		13		14		15		16	17

		<u> </u>
	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	• •	
National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) A. Mr. Robert G. Street AIM		Date of Receipt
Mailing Address 222 Ames St		M = M / D = D / Y = Y = Y
City	State Zip Code	06 01 2015 Transaction ID : AE1A416A21A9E4C2FAEE
Dedham	MA 02026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Norfolk & Dedham Mutual Fire Insurance	NE Casualty Claims Division Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) 3. Mr. Robert G. Street AIM	1	Date of Receipt
Mailing Address 222 Ames St		06 12 2015 _
City	State Zip Code	Transaction ID : A830BC5522B934258A14
Dedham	MA 02026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Norfolk & Dedham Mutual Fire Insurance	NE Casualty Claims Division Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Mr. Robert G. Street AIM	I	Date of Receipt
Mailing Address 222 Ames St		06 23 2015
City	State Zip Code	Transaction ID : A166D9C3B00634563A48
Dedham	MA 02026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Norfolk & Dedham Mutual Fire Insurance	NE Casualty Claims Division Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional)		60.00
	<u>_</u>	
TOTAL This Period (last page this line number	r only)	

	FOF	R LINE	NU	IMBER	:	PAGE	. (66 OF	: •	104
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)	al lacurance Companies DAC	
/ National Association of Mutu	al Insurance Companies PAC	
Full Name (Last, First, Middle Initial) A. Mr. Tim F. Sullivan RPLU		Date of Receipt
Mailing Address PO Box 68700		06 12 _ 2015 _
City	State Zip Code	Transaction ID: ADFCC1CA4FC524305938
Indianapolis	IN 46268	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	+
NAMIC Insurance Company, Inc.	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1153.80	
Full Name (Last, First, Middle Initial) Mr. Terry Suttner		Date of Receipt
Mailing Address PO Box 68700		06 12 2015
City	State Zip Code	Transaction ID : A0DF61F1A2C1245798B6
Indianapolis	IN 46268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
National Association of Mutual Insuran	Vice President - Membership/Insurance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. Mr. Jeffrey Tagsold	'	Date of Receipt
Mailing Address PO Box 30660		06 04 2015
City	State Zip Code	Transaction ID : A3EBCC7A617D64F01BF6
Lansing	MI 48909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Auto-Owners Insurance Company	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optiona	ı) >	236.15
	· · · · · ·	
IVIAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 67 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Paul Tetrault Date of Receipt Mailing Address PO Box 68700 2015 City Zip Code State Transaction ID: A0EDE224845F7458596D Indianapolis IN 46268 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation National Association of Mutual Insuran State & Policy Affairs Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Daniel J. Thelen Date of Receipt Mailing Address PO Box 30660 06 04 2015 City State Zip Code Transaction ID: A1C2A659C0D184BAD860 MI Lansing 48909 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Senior Vice President of Human Resourc Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Joe Thesing Date of Receipt Mailing Address PO Box 68700 12 2015 City Zip Code State Transaction ID: A00301C66F861446AA44 IN Indianapolis 46268 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Vice President - State Affairs National Association of Mutual Insuran Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 68 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

104

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Bruce D. Thomas PFMM Date of Receipt Mailing Address PO Box 594 2015 0.3 City Zip Code State Transaction ID: A229CE600C50C48CC907 Algona IΑ 50511 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Heartland Mutual Insurance Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Bruce D. Thomas PFMM Date of Receipt Mailing Address PO Box 594 06 05 2015 City State Zip Code Transaction ID: A123EAA05F8B74319B08 IΑ Algona 50511 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Heartland Mutual Insurance Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Gary W. Thompson CPCU, CIC Date of Receipt Mailing Address PO Box 618 18 2015 City State Zip Code Transaction ID: ABC81273A1B574CCA847 MO Columbia 65205 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation President/CEO Columbia Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 69 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Randall Trinklein Date of Receipt Mailing Address One Mutual Avenue 05 2015 City Zip Code State Transaction ID: A1A20ADEFB4464E5BA57 Frankenmuth MI 48787 Amount of Each Receipt this Period FEC ID number of contributing 39.00 federal political committee. Name of Employer Occupation Vice President of Administration Frankenmuth Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 468.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Randall Trinklein Date of Receipt Mailing Address One Mutual Avenue 06 19 2015 City State Zip Code Transaction ID: A03395FACDDAF4705A3D Frankenmuth MI 48787 Amount of Each Receipt this Period FEC ID number of contributing 39.00 federal political committee. Name of Employer Occupation Frankenmuth Mutual Insurance Company Vice President of Administration Receipt For: Aggregate Year-to-Date ▼ Primary General 507.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Aaron J. Valentine Date of Receipt Mailing Address 1 Preferred Way 03 2015 City Zip Code State Transaction ID: ADDED05AAE874484FABF NY New Berlin 13411 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Senior Vice President, Treasurer & CFO Preferred Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 158.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

	FOR LINE NUMBER:	PAGE 70	0 OF 104
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 1	12
	13 14	15	16 17

Λ	y information conicd from such Denoits and	Statements may not be said as used by any and	13 14 15 16 17
or	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
\rangle	National Association of Mutual	Insurance Companies PAC	
Α.	Full Name (Last, First, Middle Initial) Mr. Aaron J. Valentine		Date of Receipt
	Mailing Address 1 Preferred Way		M = M / D = D / Y = Y = Y
	City	State Zip Code	06 29 2015
	New Berlin	NY 13411	Transaction ID : A6383C007DB4B4122BE/ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	Preferred Mutual Insurance Company	Senior Vice President, Treasurer & CFO	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General	. 1997 ogato Total to Bato V	
	Other (specify) ▼	580.00	
_	Full Name (Last, First, Middle Initial)		
3 .	Mr. Robert A. Wadsworth CIC, CP	50	Date of Receipt
	Mailing Address 1 Preferred Way		M M / D D / Y Y Y Y
	City	State Zip Code	06 11 2015
	New Berlin	NY 13411	Transaction ID : ABA81B8AC1AD14AB6A6 Amount of Each Receipt this Period
	FEC ID number of contributing		Amount of Each Necept this Feriou
	federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Preferred Mutual Insurance Company	Chairman	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	1000.00	
_	Full Name (Last, First, Middle Initial) Mr. James J. Walsh Jr.		Data of Davids
٠.			Date of Receipt
	Mailing Address PO Box 30660		06 04 _ 2015 _
	City	State Zip Code	Transaction ID : A6B1726ECBC2D40139D
	Lansing	MI 48909	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	50.00
	Name of Employer	Occupation	-
	Auto-Owners Insurance Company	Vice President-Claims	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	300.00	
	Other (specify) ▼	300.00	
Ĺ	UPTOTAL of Decides Tide Day (. C		1150.00
S	UBIUIAL of Receipts This Page (optional)	>	1100.00
т	OTAL This Period (last page this line number	r only)	
- 1	VIAL THIS I CHOU (last page this line numbe	· ····y/	

FOR LINE NUMBER: PAGE 71 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Ian R. Ward Date of Receipt Mailing Address PO Box 30660 04 2015 City Zip Code State Transaction ID: A5AA3973B9AA94ECE8C9 Lansing MI 48909 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation **Auto-Owners Insurance Company** Senior Vice President, Investments and Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Mick Ware Date of Receipt Mailing Address PO Box 5555 06 23 2015 City State Zip Code Transaction ID: ABFFE85FF18FF42B0AEF ID Meridian 83680 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation United Heritage Property & Casualty Co President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David P. Weaver Date of Receipt Mailing Address PO Box 84 22 2015 City Zip Code State Transaction ID: A08CB533848614C3FA1D PΑ Marble 16334 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Farmers Mutual Fire Insurance Company Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 520.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER:			PAGE	. 7	72 OF	:	104		
Use separate schedule(s) for each category of the	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any persthe name and address of any political committee t		
NAME OF COMMITTEE (In Full)	and address of any pointed serimines t	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
National Association of Mutua	Il Insurance Companies PAC		
Full Name (Last, First, Middle Initial) A. Mr. Mark Wenger		Date of Receipt	
Mailing Address PO Box 30660		M = M / D = D / Y = Y = Y	
City	06 04 2015 Transaction ID : A095CD841B0324A6DAE1		
Lansing	State Zip Code MI 48909	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	84.00	
Name of Employer	Occupation	-	
Auto-Owners Insurance Company	Assistant Vice President and Chief P&C		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	504.00		
Full Name (Last, First, Middle Initial) 3. Mr. Michael Wenos CPCU			
Mailing Address 1 Mutual Ct	Mailing Address 1 Mutual Ct		
City	State Zip Code	06 30 2015 Transaction ID : A96AEE30E8BFE48A9A63	
Edwardsville	IL 62025	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer	Occupation	1	
Madison Mutual Insurance Company	President		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) C. Mr. Noel A. Williams		Date of Receipt	
Mailing Address 3030 N 3rd St		M = M / D = D / Y = Y = Y	
City	State Zip Code	06 11 2015 Transaction ID : A57F5563079A8470D9CB	
Phoenix	AZ 85012	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	20.83	
Name of Employer	Occupation	1	
CopperPoint Mutual Insurance Company	Vice President of Underwriting		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	229.13		
SUBTOTAL of Receipts This Page (optional).		604.83	
	<u></u>		
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 73 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Noel A. Williams Date of Receipt Mailing Address 3030 N 3rd St 2015 City Zip Code State Transaction ID: A1493E5D76CCC4135AF7 Phoenix ΑZ 85012 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Vice President of Underwriting CopperPoint Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David F. Wilson Date of Receipt Mailing Address PO Box 1070 06 01 2015 City State Zip Code Transaction ID: A7F4E2C50A4F84844B11 VA Galax 24333 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Grayson Carroll Wythe Mutual Insurance Claims Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Daniel Witt Date of Receipt Mailing Address 3030 N 3rd St 11 2015 City State Zip Code Transaction ID: ADD09302F280C4452AF4 ΑZ Phoenix 85012 Amount of Each Receipt this Period FEC ID number of contributing C 21.00 federal political committee. Name of Employer Occupation CopperPoint Mutual Insurance Company Claims Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 231.00 Other (specify) 291.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOI	R LINE	NU	MBER	:	PAGE	. 7	74 OF	104
Use separate schedule(s)	(che	eck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
_ common common, cogo		13		14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pershe name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Daniel Witt Mailing Address 3030 N 3rd St City Phoenix FEC ID number of contributing federal political committee. Name of Employer CopperPoint Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code AZ 85012 C Occupation Claims Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O6 29 2015 Transaction ID : ADE2BC63B70F4483296F Amount of Each Receipt this Period 21.00
Full Name (Last, First, Middle Initial) Mr. William Woodbury Mailing Address 6101 Anacapri Blvd City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917 C Occupation SVP, Secretary & General Counsel Aggregate Year-to-Date ▼ 550.02	Date of Receipt 06 04 2015 Transaction ID: AA75B75A3BCD8426AA94 Amount of Each Receipt this Period 91.67
Full Name (Last, First, Middle Initial) Mr. Jeffrey S. Wrobel Sr. Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 23230 C Occupation President Aggregate Year-to-Date ▼ 291.66	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	•	162.67
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE	7	75 OF	:	104
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
cannon, rage		13		14		15		16		17

	Statements may not be sold or used by any pershe name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Association of Mutua	I Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Don Yewell Mailing Address PO Box 5626 City Rockford FEC ID number of contributing federal political committee. Name of Employer Rockford Mutual Insurance Company Receipt For: Primary General Other (specify) Other (specify)	State Zip Code IL 61125 C Occupation Director Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert M. Zak Mailing Address 250 Main St City Buffalo FEC ID number of contributing federal political committee. Name of Employer Merchants Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 14202 C Occupation President & CEO Aggregate Year-to-Date ▼ 2600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert M. Zak Mailing Address 250 Main St City Buffalo FEC ID number of contributing federal political committee. Name of Employer Merchants Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 14202 C Occupation President & CEO Aggregate Year-to-Date ▼ 2700.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	3700.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 76 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c **Detailed Summary Page**

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Mr. Jerry G. Zenke PFMM Date of Receipt Mailing Address PO Box 708 2015 03 City Zip Code State Transaction ID: A4751E79AEAC4487189D MN Houston 55943 Amount of Each Receipt this Period FEC ID number of contributing C 1150.00 federal political committee. Name of Employer Occupation Mound Prairie Mutual Insurance Company General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 2150.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... 35982.26 TOTAL This Period (last page this line number only).....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 OF 104							
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
• •	LIVIIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12							
_			<u> </u>	13 14 X 15 16 17							
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	National Association of Mutua	Insurance	e Companies PAC								
Α.	Full Name (Last, First, Middle Initial) NAMIC Administrative Fund			Date of Receipt							
	Mailing Address 3601 Vincennes Rd			06 26 _ 2015 _							
	City	State	Zip Code	Transaction ID : A8AF5FBA45D684AA38F3							
	Indianapolis	IN	46268-1154	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		428.10							
	Name of Employer	Occupation	1	Reimb. of bank fees							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		767.80	7							
	Other (specify) ▼		707.80	1							
В.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address			M = M / D = D / Y = Y = Y							
	City	State	Zip Code								
				Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer	Occupation	1								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼	L		J.							
<u> </u>	Full Name (Last, First, Middle Initial)	ame (Last, First, Middle Initial)									
	Mailing Address			M = M / D = D / Y = Y = Y							
	City	State	Zip Code								
				Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer	Occupation	ı								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼		7	1							
	UBTOTAL of Receipts This Page (optional)	•		428.10							
F	CONTROL OF TICOCIPIS THIS T age (optional)										
Iт	OTAL This Period (last nage this line number	ar only)	,	428.10							

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 OF 104 (check only one)							
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11	· -	11c		12 16	X 17
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) National Association of Mutual	Insurance	e Companies PAC								
Α.	Full Name (Last, First, Middle Initial) Chase Bank				Date of	f Rece	ipt				
	Mailing Address 8751 Michigan Rd		7.0.1		M = M 06	J L	30	JL)15	
	City Indianapolis	State IN	Zip Code 46268-3141		Trans Amount						45948E2
	FEC ID number of contributing federal political committee.			Γ.					-	.07	
	Name of Employer		E	Bank Int	erest						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		29.38]							
В.	Full Name (Last, First, Middle Initial) Chase Bank				Date of	f Rece	ipt				
	Mailing Address 8751 Michigan Rd			06 30 2015					Y		
	City	State IN	Zip Code								C70BF5
	Indianapolis FEC ID number of contributing federal political committee.	С	46268-3141		Amount of Each Receipt this Period 4.12						
	Name of Employer	Occupation	1	Bank Interest							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 29.38]							
_	Full Name (Last, First, Middle Initial)				D.II	(D					
C.	Mailing Address				Date of		ipt D = D	/ [Y Y	Υ	Y
	City	State	Zip Code	_	Amount	t of Ea	ch B	eceint	thic D	oriod	
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period						
	Name of Employer	Occupation									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]							
S	SUBTOTAL of Receipts This Page (optional)			<u> </u>						4	.19
7	OTAL This Period (last page this line number	only)		- •			Ī			4	.19

SCHEDULE B (FEC Form 3X)	Hop consents related (1)	FOR LINE NUMBER: PAGE 79 OF 10						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only X 21b 27	7 one) 22 23 28a 28b	24 25 26 28c 29 30b				
Any information copied from such Reports and States or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) National Association of Mutual Inst	•		Solicit contributions if	rom such committee.				
Full Name (Last, First, Middle Initial)								
A. American Express			Date of Disbursem	_				
Mailing Address PO Box 981540			06 01 2015					
•	State Zip Code		Transaction ID :	BB87188A7819A42DF89D				
El Paso Purpose of Disbursement	TX 79998-1540		Transaction 12 .	2201100/11010/11221002				
Credit Card Processing Fee			Amount of Each D	isbursement this Period				
Candidate Name		Category/						
		Type		0.81				
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			D : (D:)					
B. American Express			Date of Disbursem	_				
Mailing Address PO Box 981540			06 02 2015					
City	State Zip Code		Transaction ID ·	BACE0DBC963394AF782				
El Paso	TX 79998-1540		Transaction is:	DAGEODDGGGGGAAI 102				
Purpose of Disbursement Credit Card Processing Fees			Amount of Each D	isbursement this Period				
Candidate Name		Category/ Type		7.95				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)							
Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursem	_				
Mailing Address PO Box 981540			06 15	2015				
El Paso	State Zip Code TX 79998-1540		Transaction ID :	B8E0C6A6327C64F089A0				
Purpose of Disbursement Credit Card Processing Fee								
Candidate Name		Category/ Type	Amount of Each D	isbursement this Period 1.63				
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)							
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				10.39				

SCHEDULE B (FEC Fo	lise sen	parate schedule(s)	FOR LINE NUMBER:					PAGE 80 OF 104				
ITEMIZED DISBURSEMI	ENTS	for each	category of the Summary Page	(check on X 21b 27			23 28b	2	4 8c	25 29	26 30b
Any information copied from such R or for commercial purposes, other the												
NAME OF COMMITTEE (In Full)	<u> </u>											
National Association o	f Mutual Ins	urance (Companies	PAC	;							
Full Name (Last, First, Middle Ini	tial)											
A. American Express						Date of	_				Y	
Mailing Address PO Box 981540					06	7	10			2015	Y	
City		State	Zip Code			Tran	sactio	on ID	· BC3	DC7RF	FRF1	A4373A6
El Paso Purpose of Disbursement		TX	79998-1540				Juoti	JII 12	. 500	J 0 / D.		7401070
Credit Card Processing Fees				Г		Amour	nt of I	Each	Disbur	semer	t this	Period
Candidate Name					tegory/			_		-	20	0.31
Office Sought: House	Dishursa	ment For:			Гуре	-		,		7		
Senate	Diobaloc	Primary	General									
President		Other (spe	ecify) 🔻									
State: District:	r' - IV											
Full Name (Last, First, Middle Ini B. American Express	tial)					Date of	of Dis	burse	ment			
American Express						M = N		D		Y	Y	Υ
Mailing Address PO Box 981540						06	4	2	3	_ 2	2015	
City El Paso		State TX	Zip Code 79998-1540			Tran	sacti	on ID	: BBD	CC73I	3344B	E4B10A9
Purpose of Disbursement			75550 1540			-						
Credit Card Processing Fees				L		Amour	nt of I	Each	Disbur	semer	t this	Period
Candidate Name					tegory/ Type			,		,	16	6.25
Office Sought: House	Disburse	ment For:	Coment									
Senate President		Primary Other (spe	General									
State: District:		(0)	· · · · · · · · · · · · · · · · · · ·									
Full Name (Last, First, Middle Ini	tial)											
C. Aristotle						Date of						
Mailing Address 205 Pennsylvani	a Ave SE					06	/	1:			2015	Y
City		State	Zip Code			Tran	sacti	on ID	· B67	55B2C	4 A 756	4C6F8C6
Washington Purpose of Disbursement		DC	20003-1164			- ITAII	Sacti	טוו ווט	. 607	JJB20	4A130	4001 000
Credit Card Processing Fees				Г		Amour	at of I	Each	Diebur	comor	nt this	Pariod
Candidate Name					tegory/ Type	Amour	. 01 1	Lacii	Disbui	3611161		6.25
Office Sought: House	Disburse	ment For:			71: -			7		7		
Senate		Primary	General									
State: President District:		Other (spe	ecity) 🔻									
Giaic. District.												
SUBTOTAL of Disbursements This						H	-	,	-	,	152	2.81
TOTAL This Period (last page this	line number only)						,		, ,		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 81 OF 104						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL:					
TI LIVIIZED DISDONSEIVILIVIS	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26					
	Detailed Sulfilliary Fage	27	28a 28b 28c 29 30b					
Any information copied from such Reports and State								
or for commercial purposes, other than using the na	me and address of any politica	al committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
$ \; angle$ National Association of Mutual Ins	urance Companies P	PAC						
Full Name (Last, First, Middle Initial)								
A. Aristotle			Date of Disbursement					
Allototic			M M / D D / Y Y Y Y					
Mailing Address 205 Pennsylvania Ave SE			06 29 2015					
City	Otata 7ta Onda							
City Washington	State Zip Code DC 20003-1164		Transaction ID : B15C5EDBCF5F146E4BC					
Purpose of Disbursement	20005-1104							
Credit Card Processing Fees			Amount of Each Disbursement this Period					
Candidate Name		Category/	10.00					
		Type	40.00					
	ment For:							
Senate President	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Chase Bank			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 8751 Michigan Rd			06 02 2015					
City	State Zip Code IN 46268-3141		Transaction ID : BC43249B7A23649BEB51					
Indianapolis Purpose of Disbursement	IN 46268-3141							
Credit Card Processing Fees			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type	107.97					
	ment For:							
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
-			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement	Τ.							
			Amount of Each Disbursement this Period					
Candidate Name		Category/	2 2 2 2 2 2 2 2.					
		Type						
	ment For:							
Senate	Primary General							
State: District:	Other (specify) ▼							
State. District.								
SUBTOTAL of Disbursements This Page (optional).			147.97					
SOBTOTAL OF DISDUISEMENTS THIS FAGE (OPHONAI).		·····•						
TOTAL This Period (last page this line number only)		311.17					

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PA					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only		26 30k	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		sed by any perso	on for the purpose of soliciting contrib	outions	
NAME OF COMMITTEE (In Full) National Association of Mutual Insu	ırance Companies	PAC			
Full Name (Last, First, Middle Initial)	•				
A. Adrian Smith for Congress			Date of Disbursement		
Mailing Address 3321 Avenue I Suite 6			06 22 2015		
City Scottsbluff	State Zip Code NE 69361		Transaction ID : B75D5110C4C5	A480A8F	
Purpose of Disbursement Political Contribution	33301	· · ·	Amount of Each Disbursement this	s Period	
Candidate Name Rep. Adrian M. Smith		Category/ Type	100	00.00	
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	,,			
State: NE District: 03					
Full Name (Last, First, Middle Initial) B. Andre Carson for Congress			Date of Disbursement		
Mailing Address PO Box 1863			06 11 2015	Y	
Indianapolis	State Zip Code IN 46206		Transaction ID : B6680D3C5F15	84BA796I	
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this	s Period	
Candidate Name Rep. Andre D. Carson		Category/ Type	5	00.00	
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	1,500			
Full Name (Last, First, Middle Initial) C. ANDY BARR FOR CONGRESS, IN	**				
Mailing Address PO BOX 2059			06 22 2015	Y	
LEXINGTON	State Zip Code KY 40588		Transaction ID : B460A239C7B3	374924A78	
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this	s Period	
Candidate Name Rep. Andy Barr IV Office Sought: House Disbursen	nent For: 2016	Category/ Type	250	00.00	
Senate President State: KY District: 06	Primary General Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional)			400	00.00	
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	LINE NUMBER: PAGE 83 OF 10						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b						
Any information copied from such Reports and States or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
National Association of Mutual Inst	urance Companies F	PAC							
Full Name (Last, First, Middle Initial)			Date of Disbursement						
A. ANN WAGNER FOR CONGRESS			M M / D D / Y Y Y Y						
Mailing Address PO BOX 50			06 11 2015						
,	State Zip Code		Transaction ID : BDE74A1B2EFB24A77A3E						
BALLWIN Purpose of Disbursement	MO 63022								
Political Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	2000.00						
Rep. Ann L. Wagner		Туре	2000.00						
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify)								
State: MO District: 02	Other (opeony)								
Full Name (Last, First, Middle Initial)									
B. AUSTIN SCOTT FOR CONGRES	S INC		Date of Disbursement						
Mailing Address PO BOX 2530			06 22 2015						
TIFTON	State Zip Code GA 31793		Transaction ID : BBEBF8EC29B46427AB2						
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
Rep. Austin Scott Office Sought: House Disburse		Туре	1000.00						
	ment For: 2016 Primary General Other (specify)								
Full Name (Last, First, Middle Initial)									
C. Benishek for Congress			Date of Disbursement						
Mailing Address PO BOX 108			06 22 2015						
City Gladstone	State Zip Code MI 49837-0108		Transaction ID : B5A905A1E507041458B2						
Purpose of Disbursement Political Contribution									
Candidate Name		Category/	Amount of Each Disbursement this Period						
Rep. Dan J. Benishek		Type	3000.00						
Senate President	ment For: 2016 Primary General Other (specify)								
State: MI District: 01									
SUBTOTAL of Disbursements This Page (optional)		·····•	6000.00						
TOTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 84 (
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22	26 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
National Association of Mutual Insu	urance Companies F	PAC				
Full Name (Last, First, Middle Initial)						
A. BENNET FOR COLORADO			Date of Disbursement			
Mailing Address PO BOX 3078			06 11 2015	Y		
,	State Zip Code		Transaction ID : B1F5479132009	MD95R9D		
DENVER	CO 80201		Transaction ID . Dit 3479132003	7-033030		
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this	s Period		
Candidate Name		Category/	100	00.00		
Sen. Michael F. Bennet Office Sought: House Disburser	ment For: 2016	Туре				
	Primary General Other (specify) ▼					
State: CO District:						
Full Name (Last, First, Middle Initial)						
B. CARLOS CURBELO CONGRESS			Date of Disbursement			
Mailing Address 8770 SW 72ND ST			06 11 2015	Y		
Miami	State Zip Code FL 33173-3512		Transaction ID : BE3F808A4485	84DCCB20		
Purpose of Disbursement Political Contribution		· · · · ·	Amount of Each Disbursement this	Period		
Candidate Name		Category/		20.00		
Rep. Carlos L. Curbelo		Type	20	00.00		
	nent For: 2016 Primary ☐ General Other (specify) ▼					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
c. CARLOS CURBELO CONGRESS			M M / D D / Y Y Y	V		
Mailing Address 8770 SW 72ND ST			06 22 2015			
City Miami	State Zip Code FL 33173-3512		Transaction ID : B52911964C7A	14A42BDF		
Purpose of Disbursement						
Political Contribution			Amount of Each Disbursement this	Period		
Candidate Name		Category/	100	00.00		
Rep. Carlos L. Curbelo Office Sought:	ment For: 2016	Туре				
Senate President	Primary General Other (specify) ▼					
State: FL District: 26						
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	400	00.00		
TOTAL This Period (last page this line number only))					

SCHEDULE B (FEC Form 3X)	Lice congrate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
National Association of Mutual Inst	urance Companies F	PAC			
Full Name (Last, First, Middle Initial)					
A. COMSTOCK FOR CONGRESS			Date of Disbursement		
Mailing Address PO BOX 831			06 11 2015		
,	State Zip Code		Transaction ID : B0E8F8C5AF7B741D8982		
Richmond Purpose of Disbursement	VA 23218-0831		Transaction is . Socol Cook 1514150002		
Political Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	3000.00		
Barbara J Comstock		Type	3000.00		
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)				
State: VA District: 10					
Full Name (Last, First, Middle Initial)					
B. COMSTOCK FOR CONGRESS			Date of Disbursement		
Mailing Address PO BOX 831			06 22 2015		
City Richmond Purpose of Disbursement	State Zip Code VA 23218-0831		Transaction ID : B75981B8403FD4E2D9A		
Political Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	2000.00		
Barbara J Comstock		Type	2000.00		
	nent For: 2016 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) C. CRESENT HARDY FOR CONGRE	ESS		Date of Disbursement		
Mailing Address PO BOX 753941			06 11 2015		
Las Vegas	State Zip Code NV 89136-3941		Transaction ID : BA3C2C66427F54768B6C		
Purpose of Disbursement Political Contribution					
Candidate Name			Amount of Each Disbursement this Period		
Rep. Cresent L. Hardy		Category/ Type	2000.00		
•	nent For: 2016 Primary General Other (specify)	1,100			
5.50.5 14V 2.50.10t. U4					
SUBTOTAL of Disbursements This Page (optional)		······•	7000.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	TTOWNELL I.	6 OF 104
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 24 2 28a 28b 28c 2	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
National Association of Mutual In	surance Companies F	PAC		
Full Name (Last, First, Middle Initial)				
A. CRESENT HARDY FOR CONGR	RESS		Date of Disbursement	
Mailing Address PO BOX 753941			06 22 2018	
City	State Zip Code		Transaction ID : BEF5FDBDE2	C124012 A A 7
Las Vegas	NV 89136-3941		Hansaction id . BEF3FDBDE2	C 1240 12AA1
Purpose of Disbursement Political Contribution			Amount of Each Disbursement th	nis Period
Candidate Name		Category/		000.00
Rep. Cresent L. Hardy		Type		000.00
Office Sought: House Disburs Senate President	ement For: 2016 Primary General Other (specify) ▼			
State: NV District: 04	·			
Full Name (Last, First, Middle Initial)				
B. David Scott for Congress			Date of Disbursement	V V
Mailing Address PO Box 960821			06 22 2019	
City Riverdale	State Zip Code GA 30296		Transaction ID : BBA3CF4BDE	EF9E41C4B3
Purpose of Disbursement Political Contribution			Amount of Each Disbursement th	nis Period
Candidate Name		Category/		500.00
Rep. David A. Scott		Type	2	2500.00
	ement For: 2016 ✓ Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Defend America Pac			Date of Disbursement	
Mailing Address PO Box 2626			06 11 2018	
City Tuscaloosa	State Zip Code AL 35403		Transaction ID : B57AC316BC	9B64965AFB
Purpose of Disbursement	AL 35403			
Political Contribution Candidate Name		Category/ Type	Amount of Each Disbursement th	nis Period 000.00
Office Sought: Senate President State: Disburs	ement For: 2015 Primary General Other (specify) Other2015	.,,,,,		
	011012010			
SUBTOTAL of Disbursements This Page (optional)			8	500.00
TOTAL This Period (last page this line number on	y)	•••••••		

SCHEDULE B (FEC Form 3X)	Hee economic reliable	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	ne Concor only	22 🗙 23 🔲 24 📗 25 📗 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	and address of any pe	oar oommittoo te	country sommittee.
National Association of Mutual Ins	urance Companie	s PAC	
/			
Full Name (Last, First, Middle Initial)			
A. DENHAM FOR CONGRESS			Date of Disbursement
Mailing Address 2150 RIVER PLAZA DR., #150			06 22 / 2015
City	State Zip Code		
Sacramento	CA 95833-4131		Transaction ID : BDD10CB502795482B995
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Jeff Denham		Type	1000.00
	ement For: 2016	SI.	
Senate President	Primary Genera Other (specify) ▼	al .	
State: CA District: 10	Culei (Specify)		
Full Name (Last, First, Middle Initial)			
B. Diane Black for Congress			Date of Disbursement
			M - M / D - D / Y - Y - Y - Y
Mailing Address PO Box 1437			06 22 2015
City	State Zip Code		Transaction ID : BC2A94BB8774842B890E
Gallatin Purpose of Disbursement	TN 37066		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Diane L. Black		Type	1000.00
	ement For: 2016	•	
	Primary Genera	ıl	
State: TN District: 06	Other (specify)		
State: TN District: 06 Full Name (Last, First, Middle Initial)			
C. Dold for Congress			Date of Disbursement
Dolu for Congress			M M / D D / Y Y Y Y
Mailing Address PO BOX 6312			06 11 2015
0"	0.1		
City Libertyville	State Zip Code IL 60048-6312	,	Transaction ID : B296C26DB7A4B420991E
Purpose of Disbursement	00040-0312		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Robert J. Dold Jr.		Type	2500.00
	ement For: 2016	SI.	
Senate President	Primary Genera Other (specify) ▼	al .	
State: IL District: 10	Office (Specify) ▼		
10			
SUBTOTAL of Disbursements This Page (optional).			4500.00
TOTAL This Period (last page this line number only	/)		

SCHEDULE B (FEC Form 3X)						PAGE 88	3 OF 104
ITEMIZED DISBURSEMENTS	Use separate so for each categor		(check only one)			4 🗀 🙃	
	Detailed Summa		21b 27	22 28a		4 25 8c 25	
Any information copied from such Reports and State	monte may not be	cold or uses					
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
National Association of Mutual Ins	urance Comp	anies P	٩C				
/	·						
Full Name (Last, First, Middle Initial)				Data of I	Nich . woom ont		
A. DONNELLY FOR INDIANA					Disbursement		
Mailing Address 1050 17TH ST NW				06	11	2015	
STE 590						, = 2 , 1	
City	State Zip C			Transa	ction ID : BC7	C3610FF1	284FR4A6
Washington	DC 2003	6-5592		mansa	,	03010221	20425470
Purpose of Disbursement Political Contribution				Amount (of Each Disbu	reamont th	ie Pariod
Candidate Name			2	Amount	n Lacii Disbu	Sement th	is i cilou
Sen. Joe Donnelly			Category/ Type	L		2	500.00
	ment For: 2018		71		,		
		General					
President	Other (specify)	•					
State: IN District: 02							
B. Duffy for Congress				Data of I	Disbursement		
B. Duffy for Congress						Y	V V
Mailing Address PO Box 538				06	/ D D /	2015	
a grant Dox Coo							
City	State Zip C			Transa	ction ID : BFD	D5F0D12I	D0B455B81
Wausau Purpose of Disbursement	WI 5440)2					
Political Contribution				Amount of	of Each Disbu	rsement th	is Period
Candidate Name			Cotogony				
Rep. Sean P. Duffy			Category/ Type			2	500.00
Office Sought: House Disburse	ment For: 2016	l					
	. ,	General					
President President	Other (specify)	•					
State: WI District: 07							
Full Name (Last, First, Middle Initial) C. ELISE FOR CONGRESS				Date of I	Disbursement		
C. LLISE I OK CONGICESS				M M	/ D D /	YY	Y Y
Mailing Address PO BOX 338				06	11	2015	
City WILLSBORO	State Zip C NY 1299			Transa	ction ID : BBC	E3764F94	764F87A5
Purpose of Disbursement	111 1299	0					
Political Contribution				Amount of	of Each Disbu	rsement th	is Period
Candidate Name		"	Category/			4.	000.00
Elise M Stefanik			Type			7	000.00
	ment For: 2016	•					
Senate President	Primary Other (specify)	General					
State: NY District: 21	Office (Specify)						
111 213131 21				_			
SUBTOTAL of Disbursements This Page (optional).						60	00.00
, , , ,				-			
TOTAL This Period (last page this line number only	·)			L		m - 1 - 1	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8				
ITEMIZED DISBURSEMENTS	for each category of the	(check only 21b		4 25 26		
	Detailed Summary Page	27		29 30b		
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)	ne and address of any point	car committee to	30licit contributions from	Such committee.		
National Association of Mutual Inst	urance Companies I	PAC				
Full Name (Last, First, Middle Initial)			5			
A. ELISE FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 338			06 22	2015		
City	State Zip Code		Transaction ID : R7A	711C7E666F4DB285F		
WILLSBORO	NY 12996		Transaction ib . B/A	71107200014002031		
Purpose of Disbursement Political Contribution			Amount of Each Disbu	rsement this Period		
Candidate Name		Category/		4000.00		
Elise M Stefanik		Type		4000.00		
Office Sought: House Disburse	ment For: 2016 Primary General					
President	Other (specify) ▼					
State: NY District: 21						
Full Name (Last, First, Middle Initial)	. D		Date of Disbursement			
B. FAMILIES FOR JAMES LANKFOR	ΚD		Date of Disbursement	Y		
Mailing Address PO BOX 1639			06 22	2015		
,	State Zip Code OK 73008-1639		Transaction ID : BDD)3DAE1C5379411A84E		
Bethany Purpose of Disbursement	73006-1639					
Political Contribution			Amount of Each Disbu	rsement this Period		
Candidate Name Sen. James P. Lankford		Category/		1000.00		
	ment For: 2016	Туре				
	Primary General					
President	Other (specify) ▼					
State: OK District: 05						
Full Name (Last, First, Middle Initial) FRIENDS OF CHERI BUSTOS			Date of Disbursement			
			M M / D D /	Y Y Y Y Y		
Mailing Address 1050 17TH ST NW STE 590			06 22	2015		
	State Zip Code		Transaction ID - BOE	91BBB30A734E008D4		
Washington	DC 20036-5592		Transaction iD . 693	91BBB30A734E006D4		
Purpose of Disbursement Political Contribution			Amount of Each Disbu	reamont this Pariod		
Candidate Name		Category/	Amount of Lacif Disbu			
Rep. Cheri L. Bustos		Туре		1000.00		
Office Sought: House Disburse	ment For: 2016 Primary General					
President	Other (specify)					
State: IL District: 17	· ·					
				6000.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		0000.00		
TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE S				90	90 OF 104					
	EMIZED DISBURSEMENTS		arate schedule(s)		_	k only (_				LIAGE		<u> </u>	
• •	LIVIIZED DISBURSEIVIEN IS		category of the	'	21b 22 🔀 23 24					24	25		26	
		Detailed	Summary Page		H	27	28a	H	28b	\vdash	28c	29	H	30b
Ar	ny information copied from such Reports and Staten	nents mav	not be sold or us	sed by	anv	persor	n for the	pur	ose o	of so	licitina d	contribu	utions	
	for commercial purposes, other than using the nam													
$\sqrt{}$	NAME OF COMMITTEE (In Full)													
$ \rangle$	National Association of Mutual Insu	ırance (Companies	PAC										
\angle			•											
Λ	Full Name (Last, First, Middle Initial)						D-4-	t D.	.b	- ·				
A.	FRIENDS OF DENNIS ROSS						Date o	_						
	Mailing Address 133 SOUTH HARBOR DRIVE						06	/	1	D 1		y = y 2015	Y	
	g . iss. coc 100 000 1111 MILDON DINIVE						50	-				_010		
	City	State	Zip Code				T		IP		E60ED-	ADE 40	4605	200
	Venice	FL	34285-2214				irans	sacti	on ID	: вз	E605B5	4B546	462E	928
	Purpose of Disbursement Political Contribution				-					D				
							Amoun	t of	∟ach	Disb	urseme	nt this	Perio	d
	Candidate Name Rep. Dennis A. Ross				egor	y/						200	0.00	
		nent For:	2016	I	ype				7		7			
		Primary	General											
	President	Other (spe												
	State: FL District: 15	(-I ₂ , -	→											
	Full Name (Last, First, Middle Initial)													
В.	•						Date o	f Dis	burse	men	t			
							M = M	1	D	D	/ Y	Y Y	Υ	
	Mailing Address 7908 Cincinnati Dayton Road						06		2	2	L.	2015		
	Suite I	24-4-	7:- O1											
	City S West Chester	State OH	Zip Code 45069				Trans	sacti	on ID	: BE	ABA0F	4A387	24349	8DC
	Purpose of Disbursement		75003											
	Political Contribution						Amoun	t of	Each	Disb	urseme	nt this	Perio	d
	Candidate Name			Cat	egor	v/			-		-		0.00	
	Rep. John A. Boehner				ype				7	_	7	500	0.00	
		nent For:												
		Primary	General											
		Other (spe	city) 🔻											
_	State: OH District: 08													
_	Full Name (Last, First, Middle Initial)						Date o	f Dic	hureo	men	t			
٥.	FRIENDS OF MIA LOVE							_				V = **		
	Mailing Address PO BOX 255						06	1	1	_	_	y = y 2015	Υ	
	•	State	Zip Code				Trans	sacti	on ID	: R4	266E39	10AD	4646	BCn
		UT	84065-0255				Hans	Juoti	טו ווי	٠. ٢	_00_03	·		
	Purpose of Disbursement Political Contribution				_	$\neg \bot$			_				_	
	Candidate Name			٠	_	4	Amoun	t of	Each	Disb	urseme	nt this	Perio	d
	Mia Love				egor ype	·y/						350	0.00	
		nent For:	 2016		700	$\overline{}$			7		7			
		Primary	General											
	President	Other (spe	cify) 🔻											
	State: UT District: 04													
Г	<u> </u>								-		-	_		\neg
s	SUBTOTAL of Disbursements This Page (optional)					•			7		7	1050	0.00	
Г									-					
Į T	OTAL This Period (last page this line number only)					•	1 .		m		(B) I			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE S				
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 🔀 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	le and address of any politica	ai committee to	Solicit Contributions from Such Committee.			
National Association of Mutual Insu	ırance Companies P	PAC				
/ Full Name (Last, First, Middle Initial)						
A. FRIENDS OF MIA LOVE			Date of Disbursement			
Mailing Address PO BOX 255			06 22 2015			
City	State Zip Code		Transaction ID : B7862C78E86AF46148FC			
Riverton	UT 84065-0255		Transaction ib . BroozeroEooAF40140FC			
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period			
Candidate Name Mia Love		Category/ Type	1500.00			
	nent For: 2016 Primary General Other (specify)					
State: UT District: 04	,, ,,					
Full Name (Last, First, Middle Initial) B. FRIENDS OF MIA LOVE Mailing Address PO BOX 255			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Riverton	State Zip Code UT 84065-0255		Transaction ID : B8004409CFC9B4D408C0			
Purpose of Disbursement Political Contribution		· · ·	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Mia Love		Type	500.00			
Senate	nent For: 2016 Primary					
Full Name (Last, First, Middle Initial)						
C. FRIENDS OF TODD YOUNG, INC			Date of Disbursement			
Mailing Address PO BOX 1053			06 22 2015			
City	State Zip Code		Transaction ID : BF3ED73F09500441B980			
BLOOMINGTON	IN 47402		11alisaction iD . BF3ED73F09300441B900			
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	2500.00			
Rep. Todd C. Young Office Sought:		Туре	200.00			
	nent For: 2016 Primary General Other (specify) ▼					
State: IN District: 09						
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00			
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	PAGE 92 OF 104	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(orlook only	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) National Association of Mutual Inst			Solicit Contributions in	an odon odnimitee.
Full Name (Last, First, Middle Initial)				
A. Graves for Congress			Date of Disburseme	nt
Mailing Address 2345 Grand, Suite 2400			06 / 11	2015
City	State Zip Code		Towns of the ID D	0500000D 4054045 A 40
Kansas City	MO 64108		Transaction ID : B	6F993380D49F404EA10
Purpose of Disbursement Political Contribution			Amount of Each Dis	bursement this Period
Candidate Name Rep. Sam B. Graves Jr.		Category/ Type		1000.00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)	Турс		
Full Name (Last, First, Middle Initial) B. GRAVES FOR CONGRESS			Date of Disburseme	nt
Mailing Address PO BOX 335			06 11	2015
CALHOUN	State Zip Code GA 30703		Transaction ID : B	BAE33DB7B9ED4124B7
Purpose of Disbursement Political Contribution			Amount of Each Dis	bursement this Period
Candidate Name Rep. Tom Graves Jr.		Category/		1000.00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE			Date of Disburseme	
Mailing Address PO BOX 1577			06 11	2015
Bismarck	State Zip Code ND 58502-1577		Transaction ID : B	0874496066364697BB8
Purpose of Disbursement Political Contribution		Amount of Each Dis	bursement this Period	
Heidi Heitkamp	Candidate Name Heidi Heitkamp			1500.00
Office Sought: House Senate President State: ND Disburser	Туре			
SUBTOTAL of Disbursements This Page (optional)				3500.00
TOTAL This Period (last page this line number only))			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
TI LIVIIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) National Association of Mutual Inst	•		
Full Name (Last, First, Middle Initial)			
A. HEIDI FOR SENATE			Date of Disbursement
Mailing Address PO BOX 1577			06 11 2015
City Bismarck	State Zip Code ND 58502-1577		Transaction ID : BACCBA80A408242B9B21
Purpose of Disbursement Political Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name Heidi Heitkamp		Category/ Type	1000.00
Office Sought: House Senate President Disburser	ment For: 2018 Primary		
State: ND District: Full Name (Last, First, Middle Initial)			
B. Huizenga for Congress			Date of Disbursement
Mailing Address 441 Williams Court			06 11 2015
Zeeland	State Zip Code MI 49464		Transaction ID : BCDA3B9D4EB6B4E77A6
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name Rep. Bill P. Huizenga		Category/ Type	2500.00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)	.,,,,,	
Full Name (Last, First, Middle Initial) C. HURD FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 761029			06 11 2015
City San Antonio Purpose of Disbursement	State Zip Code TX 78245-6029		Transaction ID : BF0301AACBCC64E2C97
Political Contribution Candidate Name			Amount of Each Disbursement this Period
Rep. Will Hurd		Category/ Type	4000.00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			7500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE S				
ITEMIZED DISBURSEMENTS	for each category of the	(check only	⁷ one)			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and Stat						
or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and address of any politi	cai committee to	o solicit contributions from such committee.			
National Association of Mutual Ins	surance Companies	PAC				
Full Name (Last, First, Middle Initial)						
A. HURD FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 761029			06 22 2015			
City	State Zip Code		Transaction ID - D005050AD047040DAA50			
San Antonio	TX 78245-6029		Transaction ID : B665CF8AD217849BAA50			
Purpose of Disbursement Political Contribution		· · ·	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Will Hurd		Туре	1000.00			
Office Sought: House Disburs Senate President	ement For: 2016 Primary General Other (specify)					
State: TX District: 23	Canon (opcomy)					
Full Name (Last, First, Middle Initial)						
B. KATKO FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 133			06 22 2015			
City Camillus	State Zip Code NY 13031-0133		Transaction ID : B7AF89F4299834A6DA57			
Purpose of Disbursement Political Contribution		· · ·	Amount of Each Disbursement this Period			
Candidate Name		0.1	Amount of Each Dispursement this Feriou			
Rep. John M. Katko		Category/ Type	5000.00			
	ement For: 2016 ✓ Primary General Other (specify) ▼					
State: NY District: 24	_					
Full Name (Last, First, Middle Initial) C. Kristi for Congress			Date of Disbursement			
Mailing Address PO Box 852			06 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code					
Sioux Falls	SD 57101		Transaction ID: B375811368BCB4C54A31			
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Rep. Kristi Lynn Noem		Type	1000.00			
Senate	ement For: 2016 Primary General					
State: SD District: 01	Other (specify) ▼					
2.2						
SUBTOTAL of Disbursements This Page (optional))	·····	7000.00			
TOTAL This Period (last page this line number on	lv)					

SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	•		
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Staten	lents may not be sold or us				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
$ \; angle$ National Association of Mutual Inst	rance Companies	PAC			
Full Name (Last, First, Middle Initial)					
A. KYRSTEN SINEMA FOR CONGRI	ESS		Date of Disburseme	nt	
Mailing Address DO DOV 05070			M M / D D	/	
Mailing Address PO BOX 25879			06 11	2015	
City	State Zip Code		Transaction ID : B	20903633FB994D82842	
Tempe Purpose of Disbursement	AZ 85285-5879		Transaction ib . b	209030331	
Political Contribution			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/			
Rep. Kyrsten Sinema		Type		2500.00	
	nent For: 2016 Primary General				
President	Other (specify)				
State: AZ District: 09	· · · · · · · · · · · · · · · · · · ·				
Full Name (Last, First, Middle Initial)					
B. LIBERTY PROJECT			Date of Disburseme		
Mailing Address PO BOX 53866			06 11	2015	
•	State Zip Code		Transaction ID : B	7D3A0B4A93774EB6835	
Lubbock Purpose of Disbursement	TX 79453-3866				
Political Contribution			Amount of Each Dis	bursement this Period	
Candidate Name		Category/		1000.00	
Office Sought: House Disbursen	nent For: 2015	Туре	7	1000.00	
Senate Sought.	Primary General				
President	Other (specify) ▼				
State: District:	Other2015				
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt	
c. LUKE MESSER FOR CONGRESS			M M / D D	/ Y Y Y Y Y	
Mailing Address P.O. BOX 917			06 11	2015	
City	State Zin Code				
City Shelbyville	State Zip Code IN 46176-0917		Transaction ID : B	E52C970B81DC43B084A	
Purpose of Disbursement Political Contribution					
			Amount of Each Dis	bursement this Period	
Rep. Luke Messer	Candidate Name Rep Luke Messer			2500.00	
•	nent For: 2016	Туре			
	Primary General				
State: IN District: 06	Other (specify) ▼				
State: IN District: 06					
SUBTOTAL of Disbursements This Page (optional)				6000.00	
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 96 OF 104	
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	•	
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,			
National Association of Mutual Inst	urance Companies	PAC		
/ National / 13300lation of Watdar ma	aranoc Companico	1710		
Full Name (Last, First, Middle Initial)				
A. Maloney for Congress			Date of Disburseme	ent
Mailing Address 49 East 92nd St			06 11	2015
Mailing Address 49 East 9211d St			00 11	2013
City	State Zip Code			2004500000004444005050
New York	NY 10128-1326		Transaction ID : E	32C1533DD8A114B3F858
Purpose of Disbursement Political Contribution				
Candidate Name			Amount of Each Dis	sbursement this Period
Rep. Carolyn B. Maloney		Category/	1	1500.00
	ment For: 2016	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: NY District: 12				
Full Name (Last, First, Middle Initial)				
B. Mario Diaz-Balart for Congress			Date of Disburseme	ent
Markey Address and State of St			M M / D D	/ Y Y Y Y Y
Mailing Address 8770 SW 72nd Street # 420			06 22	2015
	State Zip Code			
Miami	FL 33173		Transaction ID : E	3A663B38F4F074AFF85D
Purpose of Disbursement Political Contribution				
Candidate Name			Amount of Each Dis	sbursement this Period
Rep. Mario Diaz-Balart		Category/	1	1000.00
•	ment For: 2016	Туре		7
	Primary General			
President	Other (specify) ▼			
State: FL District: 25				
Full Name (Last, First, Middle Initial)				
C. MARK POCAN FOR CONGRESS			Date of Disburseme	ent
Mailing Address DO DOV 997			06 11	2015
Mailing Address PO BOX 327			00 11	2013
City	State Zip Code		Transaction ID . F	DE A 000 A 00 E 207444 D 0 E 0
Madison	WI 53701-0327		Transaction ID: E	35A0C8A8E5387441D9E9
Purpose of Disbursement Political Contribution				
Candidate Name			Amount of Each Dis	sbursement this Period
Rep. Mark Pocan		Category/ Type		1000.00
	ment For: 2016	Туре	7	7
Senate	Primary General			
President	Other (specify) ▼			
State: WI District: 02				
				0500.00
SUBTOTAL of Disbursements This Page (optional)		·····		3500.00
TOTAL This Povind //set nego this line annual and the	<u> </u>			
TOTAL This Period (last page this line number only	/			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 97 OF 104
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling	,	_
	Detailed Summary Page	21b	22 🗙 23	24 25 26
	, ,	27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
	e and address of any point	icai committee to	SOIICIT CONTRIBUTIONS IT	om such committee.
NAME OF COMMITTEE (In Full)	uranaa Campaniaa	DAC		
National Association of Mutual Insu	rance Companies	PAC		
Full Name (Last, First, Middle Initial)				
A. MCSALLY FOR CONGRESS			Date of Disburseme	ent
			M M / D D	/
Mailing Address PO BOX 19128			06 11	2015
City	State Zip Code			
Tucson	AZ 85731-9128		Transaction ID : E	8088CF72B984D44588B1
Purpose of Disbursement				
Political Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
Martha E Mcsally		Type	7	1000.00
	nent For: 2016			
	Primary General Other (specify) ▼			
State: AZ District: 02	Other (speeliy)			
Full Name (Last, First, Middle Initial)				
B. MCSALLY FOR CONGRESS			Date of Disburseme	ent
			M = M / D = D	/ Y Y Y Y Y
Mailing Address PO BOX 19128			06 22	2015
011				
City S Tucson	State Zip Code AZ 85731-9128		Transaction ID : E	BAB25AE4F7D1A4284B09
Purpose of Disbursement	00701-0120			
Political Contribution		' '	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		2000.00
Martha E Mcsally		Type		2000.00
	nent For: 2016			
	Primary General			
State: AZ District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. MIKE BISHOP FOR CONGRESS			Date of Disburseme	ent
WINCE BIOLIGIT TO CONTROL			M M / D D	/
Mailing Address PO BOX 1148			06 11	2015
City S Brighton	State Zip Code MI 48116-2748		Transaction ID:	335392E4DA8DA4916A95
Purpose of Disbursement	40110-2740			
Political Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
Michael D Bishop		Type		1000.00
	nent For: 2016			
	Primary General			
State: MI District: 08	Other (specify) ▼			
State: MI District: 08				
SUBTOTAL of Disbursements This Page (optional)				4000.00
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	Has assessed a 1-1-1-1-1-1	FOR LINE	NUMBER: PAGE	98 OF 104
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 🗶 23 🗌 24	25 26
		27	28a 28b 28c	29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	ne and address of any point	ai committee to	SOUCH CONTINUENCES FROM SUCH CON	minitee.
National Association of Mutual Inst	rance Companies F	PAC		
V	ararice companies i	710		
Full Name (Last, First, Middle Initial)			5 . (5)	
A. Mike Bost for Congress			Date of Disbursement	
Mailing Address PO BOX 1212			06 22 20	15
City	State Zip Code			
Murphysboro	IL 62966-1212		Transaction ID : B89DDE3A8	9A954/C2BF
Purpose of Disbursement Political Contribution			Amount of Each Disbursement	this Period
Candidate Name		Category/		1000.00
Rep. Mike Bost Office Sought: House Disburser	ment For: 2016	Туре		.000.00
	Primary General			
President	Other (specify)			
State: IL District: 12				
Full Name (Last, First, Middle Initial)				
B. MORE CONSERVATIVES PAC (N	(ICPAC)		Date of Disbursement	
W. W. A. I.I.				YYY
Mailing Address 228 S WASHINGTON ST STE 11:			06 11 20	115
City Alexandria	State Zip Code VA 22314-5404		Transaction ID : B48ADAD56	722041E8829
Purpose of Disbursement	22314-3404			
Political Contribution			Amount of Each Disbursement	this Period
Candidate Name		Category/		5000.00
		Type		5000.00
	nent For: 2015			
Senate President	Other (specify) —			
State: District:	Other (specify) ▼ Other2015			
Full Name (Last, First, Middle Initial)				
C. MULVANEY FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y	YY
Mailing Address P.O. BOX 1975			06 11 20	15
City	State Zip Code			
Lancaster	SC 29721-1975		Transaction ID : B7F3646C9A	A4C34FE5AF8
Purpose of Disbursement				
Political Contribution		L II	Amount of Each Disbursement	this Period
Candidate Name		Category/		1500.00
Rep. Mick Mulvaney	mont For: 2012	Туре		.300.00
Office Sought: House Disburser Senate	ment For: 2016 Primary General			
President	Other (specify)			
State: SC District: 05	V 1 · · · · J/ · ▼			
SUBTOTAL of Disbursements This Page (optional)				7500.00
TOTAL This Period (last page this line number only)				

SCH	IEDULE B (FEC Form 3X)		FOR	LINE NUMBER:	PAGE 99 OF 10-	4
TEN	MIZED DISBURSEMENTS	Use separate sched for each category o	^{lule(s)} (chec	k only one)		
		Detailed Summary I		21b 22	X 23 24 25 26	
				27 28a		0b
	nformation copied from such Reports and Statem commercial purposes, other than using the nam					
	AME OF COMMITTEE (In Full)	o and address or any	pontiour commit		This due to the transfer of th	_
\	lational Association of Mutual Insu	rance Compan	ies PAC			
		iranec compan	1031710			
	Ill Name (Last, First, Middle Initial)	_				
A . P	ITTENGER FOR CONGRESS LL	С		Date of	f Disbursement	
Ma	ailing Address PO BOX 11207			06	11 2015	
	aming / darese O BOX 1120/			00	11 2010	
Cit		State Zip Code)	Trans	saction ID : B840A0679BEF142FE96	
	HARLOTTE	NC 28220-12	207	ITALIS	BACTION ID . BO40A0079BEF 142FE90	יטי
	urpose of Disbursement Political Contribution			Amount	t of Each Disbursement this Period	
Ca	andidate Name				t of Each Disbursement this Feriod	1
	ep. Robert M. Pittenger		Categor Type	ry/	1000.00	
		nent For: 2016	1,723			
	Senate	Primary Gen	eral			
_		Other (specify) ▼				
	ate: NC District: 09					_
	III Name (Last, First, Middle Initial)			Data of	f Disbursement	
ь. Р	POLIQUIN FOR CONGRESS			M M		
Ma	ailing Address PO BOX 50			06	22 _ 2015 _	
Cit		State Zip Code	•	Trans	saction ID : B49A7C7E2C36147B6A	3В
_	AKLAND Irpose of Disbursement	ME 04963				
	Political Contribution			Amount	t of Each Disbursement this Period	
Ca	andidate Name		Categor	ov/		1
	Rep. Bruce L. Poliquin		Type	,,,	2000.00	l
Of		nent For: 2016				
		Primary Gen	eral			
St	President ate: ME District: 02	Other (specify)				
	Ill Name (Last, First, Middle Initial)					_
	OLIQUIN FOR CONGRESS			Date of	f Disbursement	
				M = M	/ D D / Y Y Y Y	
				0.00	22 2015	
Ma	ailing Address PO BOX 50			06		
		tata Zin Cada		06		
Cit	ty S	state Zip Code	;		saction ID : BC34E4B9951CF412A9	52
Cit OA Pu	ty S AKLAND urpose of Disbursement	state Zip Code ME 04963	•			 52
Cit O/ Pu P	ty S AKLAND urpose of Disbursement Political Contribution			Trans		52
Cit O/ Pu P	ty S AKLAND urpose of Disbursement Political Contribution		Categor	Trans	saction ID: BC34E4B9951CF412A95 t of Each Disbursement this Period	52
Cit O/ Pu P Ca	ty S AKLAND urpose of Disbursement rolitical Contribution andidate Name Rep. Bruce L. Poliquin	ME 04963		Trans	saction ID : BC34E4B9951CF412A95	52
Cit O/ Pu P Ca	ty S AKLAND Urpose of Disbursement Political Contribution Pandidate Name Rep. Bruce L. Poliquin Fifice Sought: House Disbursen	ME 04963 nent For: 2016	Categor Type	Trans	saction ID: BC34E4B9951CF412A95 t of Each Disbursement this Period	52
Cit O/ Pu P Ca	ty SAKLAND Irpose of Disbursement Political Contribution andidate Name Rep. Bruce L. Poliquin Iffice Sought: House Senate	ME 04963	Categor Type	Trans	saction ID: BC34E4B9951CF412A95 t of Each Disbursement this Period	52
Cit OA Pu P Ca F	ty SAKLAND Irpose of Disbursement Political Contribution andidate Name Rep. Bruce L. Poliquin Iffice Sought: House Senate	ME 04963 nent For: 2016 Primary X Gen	Categor Type	Trans	saction ID: BC34E4B9951CF412A95 t of Each Disbursement this Period	52
Cit OA Pu P Ca F	ty SAKLAND Urpose of Disbursement Political Contribution Earndidate Name Rep. Bruce L. Poliquin Fifice Sought: House Senate President	ME 04963 nent For: 2016 Primary X Gen	Categor Type	Trans	t of Each Disbursement this Period 500.00	52
Cit OA Pu P Ca F Of	ty SAKLAND Urpose of Disbursement Political Contribution Earndidate Name Rep. Bruce L. Poliquin Fifice Sought: House Senate President	ME 04963 ment For: 2016 Primary	Categor Type eral	Trans Amount	saction ID: BC34E4B9951CF412A95 t of Each Disbursement this Period	52
Cit OA Pu P Ca F Of	AKLAND Arpose of Disbursement Political Contribution Andidate Name Rep. Bruce L. Poliquin Fifice Sought: House Disbursent	ME 04963 nent For: 2016 Primary	Categor Type eral	Trans Amount	t of Each Disbursement this Period 500.00	52

SCHEDULE B (FEC Form 3X)	Harris A. C.	FC	OR LINE N	NUMBER:		PAGE '	100 OF	104
ITEMIZED DISBURSEMENTS	Use separate sche for each category		(check only one)	,			05 =	
	Detailed Summary		21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any information popied from such Deposits and Clat	amonto movinat ha sal	ld or used boo						
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
National Association of Mutual Ins	surance Compai	nies PAC						
/								
Full Name (Last, First, Middle Initial)				- · · · · ·	S. 1			
A. RODNEY FOR CONGRESS					Disbursemer			
Mailing Address PO BOX 344				06	22		15	1
maming realises 1 5 BOX 644				00			.10	
City	State Zip Cod	le		Transa	ction ID : B7	77E3E7661	7217475	SERDA
Taylorville	IL 62568-0	0344		Hallsa		//E3F/00L	JZ1141.)LDD4
Purpose of Disbursement Political Contribution				Amount (of Each Dist	nurcement	thic Pa	riod
Candidate Name				Amount	DI LACII DISI	Juisement	1113 1 6	nou
Rep. Rodney L. Davis			egory/ /pe	L			4000.0	0
	ement For: 2016				,	,		
Senate	,	neral						
President	Other (specify) ▼							
State: IL District: 13								
Full Name (Last, First, Middle Initial) B. ROGER WILLIAMS FOR ILS CO	NODECC COM			Data of I	Disbursemer	nt.		
B. ROGER WILLIAMS FOR U S CO	INGRESS COM	IVIIIIEE		M M	/ D D		YYY	-
Mailing Address P.O. BOX 91061				06	22)15	
								_
City	State Zip Cod			Transa	ction ID : B	4BA773F6	3B604A	\E9A59
AUSTIN Purpose of Disbursement	TX 78709-1	1061						
Political Contribution				Amount o	of Each Dist	oursement	this Pe	riod
Candidate Name		Cato	egory/					—
Rep. Roger Williams			/pe		,	7	1000.0	0
Office Sought: House Disburse	ement For: 2016	'						
	, ,	neral						
State: TX District: 25	Other (specify) ▼							
State: TX District: 25 Full Name (Last, First, Middle Initial)								
C- RYAN COSTELLO FOR CONGR	FSS			Date of [Disbursemer	nt		
TAN COOTELECT ON CONGR	LOO			M M	/ D D	/ Y Y	YY	-
Mailing Address PO BOX 3154				06	22		15	
City West Chester	State Zip Cod PA 19381-3			Transa	ction ID : B	7473EF148	36CC4D	9E87B
Purpose of Disbursement	177 10001-0	7104						
Political Contribution				Amount (of Each Dist	oursement	this Pe	riod
Candidate Name		Cate	egory/				2000 0	0
Ryan A Costello			/pe		7	7	3000.0	U
	ement For: 2016	norol						
Senate President	Primary Ge Other (specify) ▼	neral						
State: PA District: 06	Janor (apoorly)							
								_
SUBTOTAL of Disbursements This Page (optional)			▶				8000.00	0
					-			一
TOTAL This Period (last page this line number onl	y)		▶	L				I

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PA	GE 101 OF 104
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	*	
	Detailed Summary Page	21b	22 X 23 24 28a 28b 28c	25 26 29 30b
Anninformation against form and Bounds and	National and the could be could			
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,			
National Association of Mutual	Insurance Companies	PAC		
		. ,		
Full Name (Last, First, Middle Initial)			D	
A. Steve Fincher for Congress			Date of Disbursement	
Mailing Address PO Box 11153			06 11	2015
Mailing Address 1 O Box 11155			00 11	2013
City	State Zip Code		Transaction ID : BFAA8	EEE07 A 6 46 D 0 0 7 0
Jackson	TN 38308		Transaction ID . BFAA0	F33307 A040D3673
Purpose of Disbursement Political Contribution			Amount of Each Disburser	mont this Boried
Candidate Name			Amount of Each Disburser	nent this Period
Rep. Stephen L. Fincher		Category/ Type		1000.00
	oursement For: 2016	71	,	
Senate	Y Primary General			
President	Other (specify) ▼			
State: TN District: 08				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. Steve Fincher for Congress			Date of Dispulsement	/
Mailing Address PO Box 11153			06 22	2015
City	State Zip Code		Transaction ID : BB11D	2442FF22446A91D
Jackson Purpose of Disbursement	TN 38308			
Political Contribution			Amount of Each Disburser	ment this Period
Candidate Name		Category/		1 1
Rep. Stephen L. Fincher		Type		1500.00
	oursement For: 2016			
Senate President	Primary General			
State: TN District: 08	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Steve Fincher for Congress			Date of Disbursement	
			M M / D D / Y	/
Mailing Address PO Box 11153			06 22	2015
City	State Zip Code			
City Jackson	TN 38308		Transaction ID : BE1E60	DE9C518440A6B53
Purpose of Disbursement				
Political Contribution			Amount of Each Disburser	ment this Period
Candidate Name		Category/		2000.00
Rep. Stephen L. Fincher Office Sought: House Disk	oursement For: 2016	Туре	7 7	
Senate	Primary General			
President	Other (specify) ▼			
State: TN District: 08	·			
				1500.00
SUBTOTAL of Disbursements This Page (option	nal)	··········		4500.00
TOTAL This Period (last page this line number	only)			
ICIAL THIS I CHOO (last page this line number	∨ı ıı y /			

SCHEDULE B (FEC Form 3X)	Lieu concreto cohodula/a	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	Oncok only	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	_	_	
National Association of Mutual Ins	urance Companies	PAC	
Full Name (Last, First, Middle Initial)			
A. STEVE KNIGHT FOR CONGRESS	S		Date of Disbursement
Mailing Address PO BOX 984			06 22 2015
City	State Zip Code		Transaction ID - D0FDD27FAF07F4D0FDF
Willows	CA 95988-0984		Transaction ID : B8FDB37FAE87E4D8FBE
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Stephen T. Knight		Type	1000.00
	ment For: 2016 Primary General Other (specify)		
State: CA District: 25			
Full Name (Last, First, Middle Initial)			B
B. Stivers for Congress			Date of Disbursement
Mailing Address 4679 Winterset Drive			06 11 2015
City Columbus	State Zip Code OH 43220		Transaction ID : B2623EBFECE8F40A2859
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Catagory	
Rep. Steve E. Stivers		Category/ Type	2500.00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. The Freedom Project			Date of Disbursement
Mailing Address 320 1st Street SE			06 22 2015
,	State Zip Code		Transaction ID : B83722A969CF34E26A1C
Washington Purpose of Disbursement	DC 20003		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburser	ment For: 2015 Primary General Other (specify) Other2015		
2.55	Other 2013		
SUBTOTAL of Disbursements This Page (optional)		·····•	8500.00
TOTAL This Period (last page this line number only))		

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 103 OF 104
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🔀 23 🗌 24 📗 25 📄 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
National Association of Mutual Insu	rance Companies F	PAC	
Full Name (Last, First, Middle Initial)			
A. Tom Reed for Congress			Date of Disbursement
Mailing Address PO BOX 10847			06 22 2015
City	State Zip Code		Transaction ID : B6059B19FBB414322954
1100.100101	NY 14610-0847		11d115dCtiof1 ID . D0039D19FDD414322934
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Tom W. Reed II		Type	1000.00
	nent For: 2016 Primary General		
	Other (specify)		
State: NY District: 23	(1), V		
Full Name (Last, First, Middle Initial)			
B. VALADAO FOR CONGRESS			Date of Disbursement
Mailing Address 5132 N PALM AVE #227			06 22 2015
	State Zip Code		
	CA 93704-2236		Transaction ID : B9449535B6E7641BBB85
Purpose of Disbursement Political Contribution		· · · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. David G. Valadao		Type	5000.00
Office Sought: House Disburser	nent For: 2016		
	Primary General		
	Other (specify) ▼		
State: CA District: 21			
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. VIEW PAC			
Mailing Address 701 8TH STREET, NW			06 11 2015
SUITE 500	7. 0. 1		
,	State Zip Code DC 20001-3965		Transaction ID: BAB38D0E7A5BB4A9ABF
Purpose of Disbursement	20001 0300		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5000.00
	nent For: 2015		
	Primary General		
State: District:	Other (specify) ▼ Other2015		
2.5	Ott1012013		
SUBTOTAL of Disbursements This Page (optional)		·····•	11000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 104 OF 104
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orliny orle)	·
	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater	monte may not be cald an		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
National Association of Mutual Inst	urance Companies	PAC	
Full Name (Last, First, Middle Initial)			Data of Dishumannant
A. WALDEN FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 1091			06 11 2015
,	State Zip Code		Transaction ID : BED3AF05C738A4569BD
Hood River Purpose of Disbursement	OR 97031-0037		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Greg P. Walden		Type	1000.00
	ment For: 2016	•	
	Primary General		
State: OR District: 02	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. WALTERS FOR CONGRESS			Date of Disbursement
WALTERS FOR SONGRESS			M M / D D / Y Y Y Y
Mailing Address C/O 8001 IRVINE CENTER DRIV	E, #400		06 11 2015
-			
City IRVINE	State Zip Code CA 92618		Transaction ID : BDEB7593C09AF455DBF
Purpose of Disbursement	52010		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	3000.00
Mimi Walters		Туре	3000.00
	ment For: 2016 Primary General		
President	Primary General Other (specify) ▼		
State: CA District: 45	Canon (opposity)		
Full Name (Last, First, Middle Initial)			
C. ZELDIN FOR CONGRESS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 47 FLINTLOCK DRIVE			06 22 2015
City	State Zip Code		
Shirley	NY 11967-2758		Transaction ID : BDD70C6096ECF4778AE
Purpose of Disbursement Political Contribution			
			Amount of Each Disbursement this Period
Candidate Name Lee Michael Zeldin		Category/	1000.00
	ment For: 2016	Туре	
Senate Season	Primary General		
President	Other (specify) ▼		
State: NY District: 01			
			5000.00
SUBTOTAL of Disbursements This Page (optional)		······	5000.00
TOTAL This Davied (last name this line number and)			140500.00
TOTAL This Period (last page this line number only)	l		